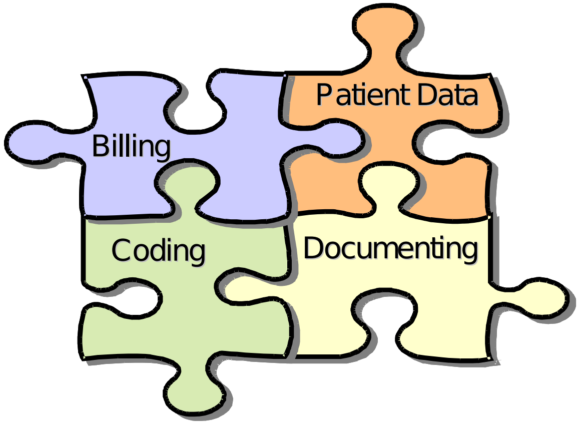
CORE COMPETENCIES

2005 UBU/UBO Conference UBU Advanced (Track 2)

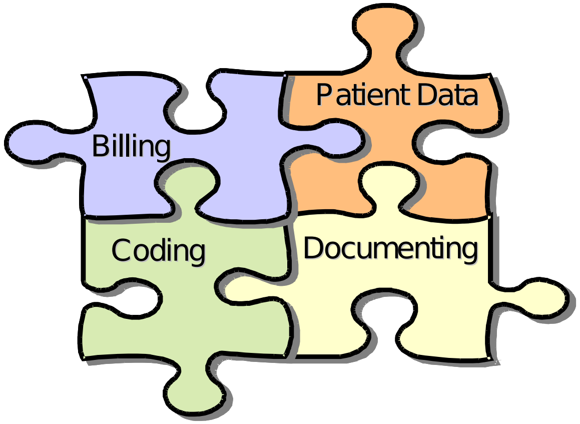


Tuesday - May 17

Contents:

1. Coding Auditing – Internal (Millican, Lesvia ; Pierson, Cindy)
2. 100% Coding Compliance An Auditor Reveals Common Coding Errors (Sharpling, LaNiece)
3. On the Outside Looking In - The External Audit (Taylor, Sharon)
4. How to Instruct Providers on Better Documentation (Scott, Sharla)
5. Evaluation and Management (E/M) Coding (Gregory, Koressa)
6. Billing and Coding – Working Together – Tips from the Civilian Sector (

CORE COMPETENCIES

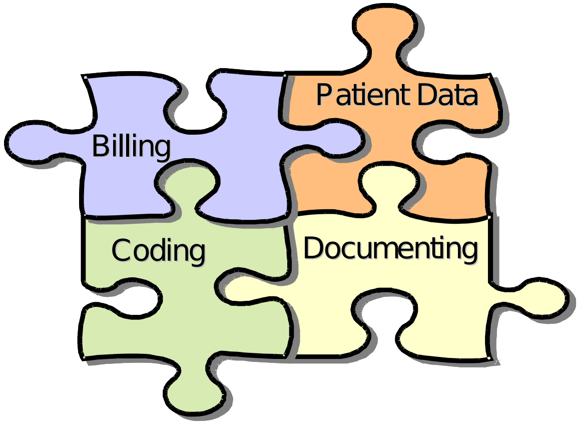

Patient Data
Billing
Coding
Documenting

Coding Auditing (Internal)

Lesvia O. Millican, CPC, PMCC
Cindy Pierson, RHIA
May 17th, 2005
Track 2 UBU

CORE COMPETENCIES

Objectives


Patient Data
Billing
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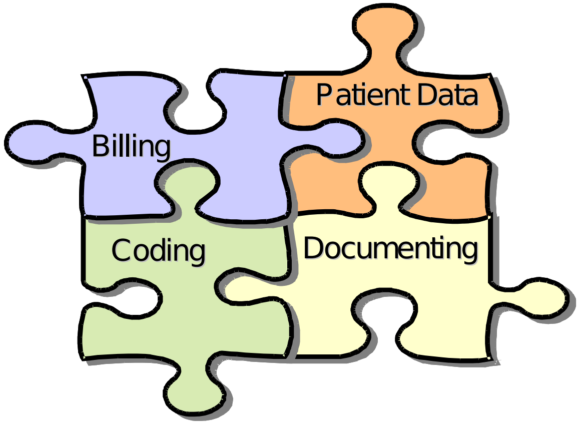
Documenting

- Coding Audit Methodology Progression
- Understand the Basic Audit Guidelines
- Coding Audit Methodology Goals
- How does the Facility Benefit
- Future of Coding Methodology
- References
- Questions

CORE COMPETENCIES

Coding Audit Methodology Progression



- Health Affairs mandated audits May 2002
  - MTF’s developed individual audit sample
  - Some facilities were non compliant
  - Not well received
- Significant Changes in June of 2003
  - Sample size 139
  - New Provider audits
  - Peer Reviews
  - 90% accuracy standard
- Second Phase of Audit Methodology
  - Where we stand today

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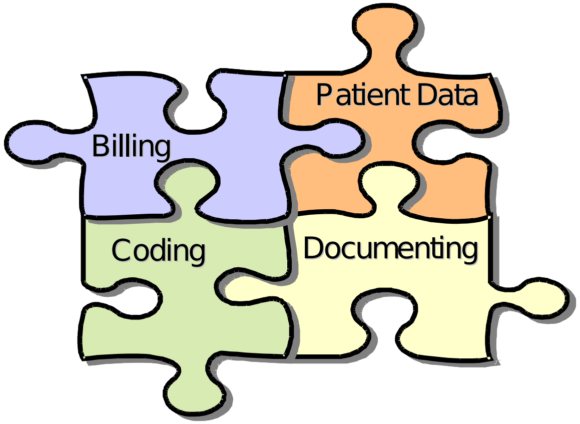
Coding Audit Methodology Guidelines


Patient Data
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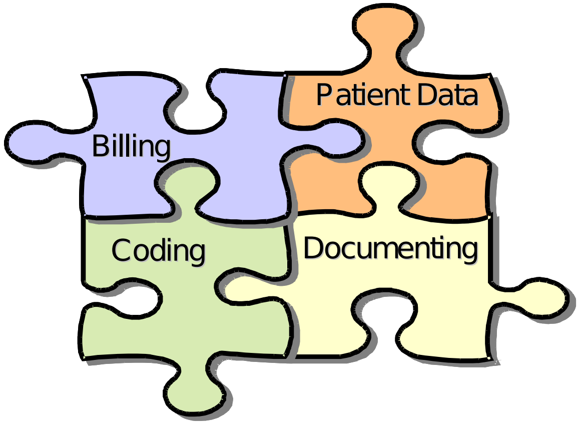
- Primary Goals
  - Standardized coding/auditing
    - Data Quality Workload Guidelines
    - MEPRS Rules
    - OIB Business Rules
    - DoD, Service Instructions, MWI’s
  - MTF Accuracy levels
  - Comply w/ DoD 6040.40
  - Comply w/ DoD 6040.41
    - 95% in FY04
    - 97% in FY05
    - 100% in FY06

Coding Audit Methodology Guidelines cont’d


Patient Data
Billing
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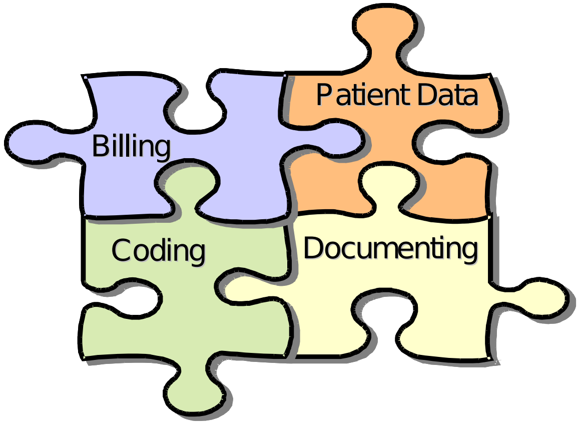
Documenting

- Record Availability
  - MRT
- Audit Assessment
  - Institutional
  - O/P-APV
- Audit Criteria
- Audit Summary Report
  - Signed by the Auditor
  - Submitted to the MTF Command

CORE COMPETENCIES

Audit Criteria


Patient Data
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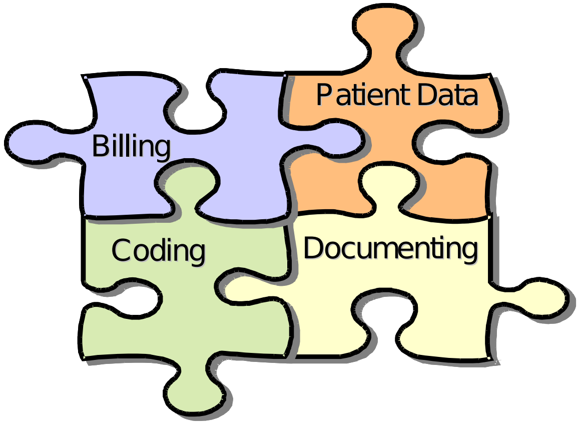
- DoD Coding Guidelines
  - Updated quarterly
  - Chapter Specific
- CMS Coding Guidelines
  - CPT 2005
  - ICD-9 2005
  - HCPCS 2005
    - Other references:
      - Coding Clinic
      - CPT Assistant

CORE COMPETENCIES

Audit Criteria cont’d



Audit requirements are limited to the following criteria:

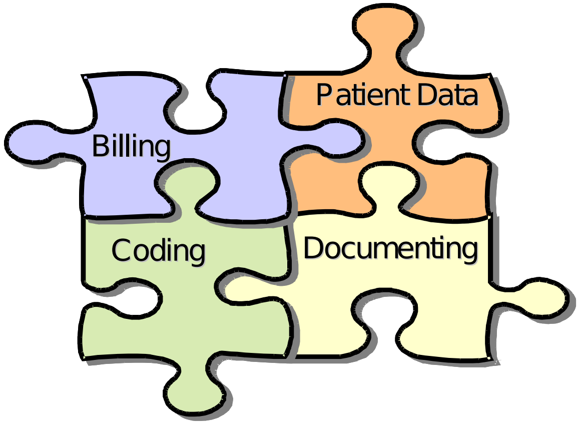
- **Accuracy:**
  - One evaluation and management
  - Four diagnosis
  - Four CPT’s/HCPCS

Review of codes will be based upon the current official coding guidelines and the Professional Services and Outpatient Coding Guidelines in effect for the date of service.

Important! *Errors should be accessed based on official guidance and not personal coding habits.*

CORE COMPETENCIES

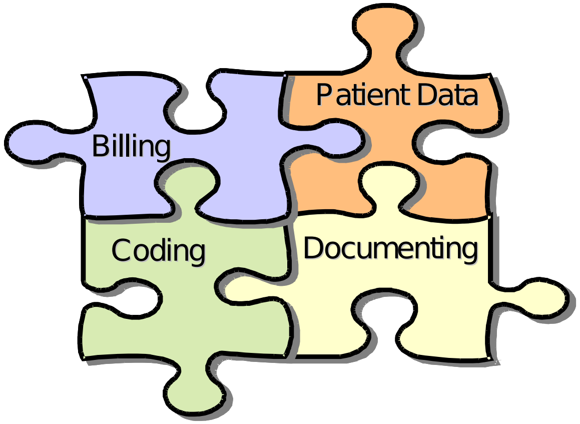
Types of Coding Errors


Billing
Patient Data
Coding
Documenting

- E&M - limited to one
  - 99499 or 99211?
  - Est. vs. New
  - Up coding-Down coding
  - Preventative vs. Established or vice versa
  - Referral vs. consult or vice versa
  - No E&M’s (clinics)

CORE COMPETENCIES

Types of Coding Errors cont'd


Patient Data
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Coding
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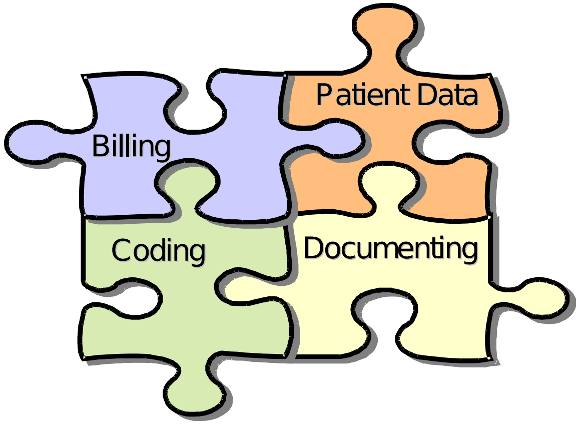
- Diagnosis- Limited to Four
  - Px Diagnosis
  - Specificity
  - E Codes
  - Diagnosis not supported by documentation
  - Sequencing
  - DoD Extender Codes
  - Product Line Diagnosis
  - V codes

CORE COMPETENCIES

Types of Coding Errors cont'd


Patient Data
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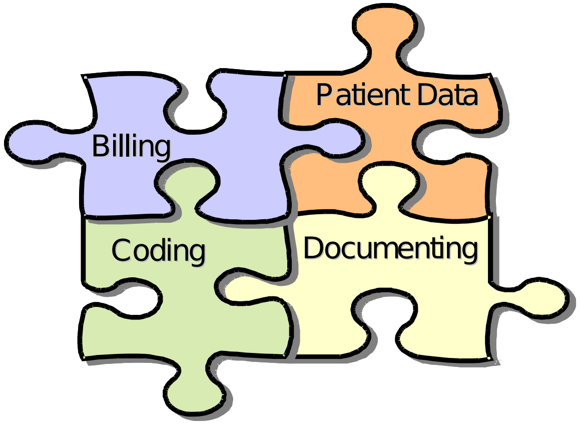
- CPT-HCPCS- Limited to Four
  - Px CPT
    - RVU
  - CPT/HCPCS not supported by documentation
  - HCPCS
  - DoD Specific
  - Anesthesia

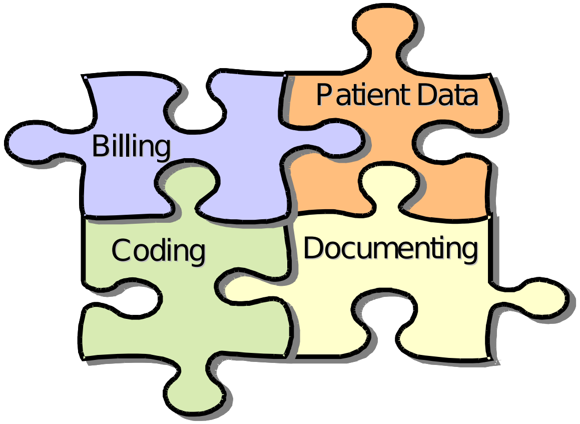
Types of Coding Errors cont’d


Billing
Patient Data
Coding
Documenting

- Modifiers
  - *****NOTE**** Excluded from SADR
    - These will not be addressed in your audits
- Review for MTF Training Purposes
  - Level I - CPT
    - 50 Bilateral
    - 25 Separate E&M
    - 54 Post Operative
  - Level II- National HCPCS
    - Where and when do they apply?
  - DoD Specific
    - GYN
    - PRK

CORE COMPETENCIES

Types of Coding Errors cont’d


Patient Data
Billing
Coding
Documenting

- Units- Currently Limited
  - Bilateral
  - Mental Health
  - Physical Therapy
  - Occupational Therapy
  - Anesthesia

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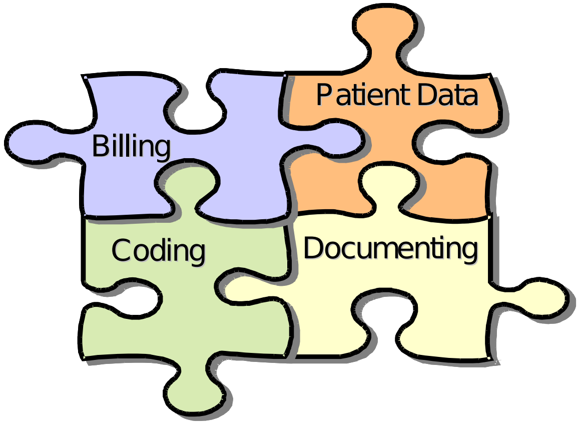
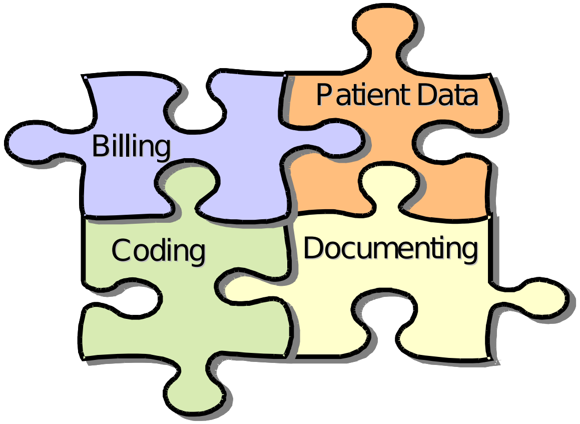
Types of Coding Errors cont’d


Billing
Patient Data
Coding
Documenting

- Service not considered Errors
  - PHA’s (physical health assessments)
  - Overseas Clearance
  - MEB’s (medical evaluation boards)

CORE COMPETENCIES

Summary Report


Patient Data
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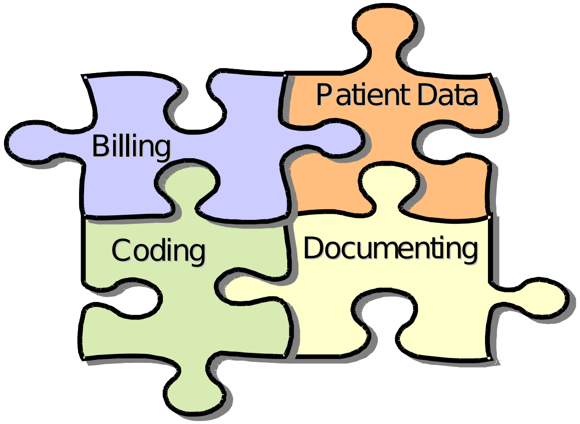
Documenting

- Monthly Coding Audit Summary
  - Major types of errors
    - ICD-9 Specificity
    - Procedures not captured
    - Up-coding/Down-coding
  - Recommendations
    - Training
    - Resources
    - Solutions

************ CORRECTIVE ACTIONS*************

C O R E C O M P E T E N C I E S

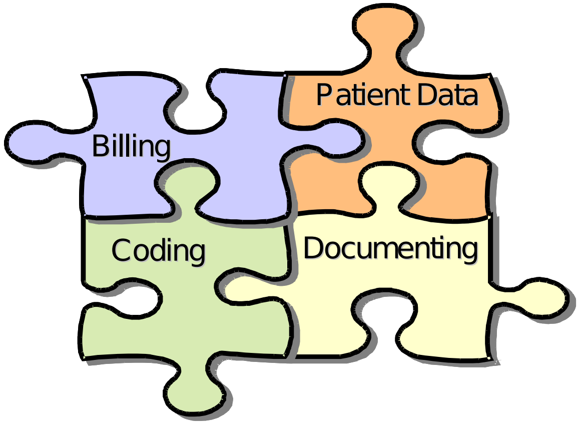
Coding Audit Facility Deliverables


Patient Data
Billing
Coding
Documenting

- Training
  - Group
  - One on One
  - Written Feedback
  - Weekly/Monthly Pubs
- Targets
  - Providers (new)
  - Techs/Nurses
  - Coders
  - Anyone that will sit still and listen!

CORE COMPETENCIES

How Does The Facility Benefit


Patient Data
Billing
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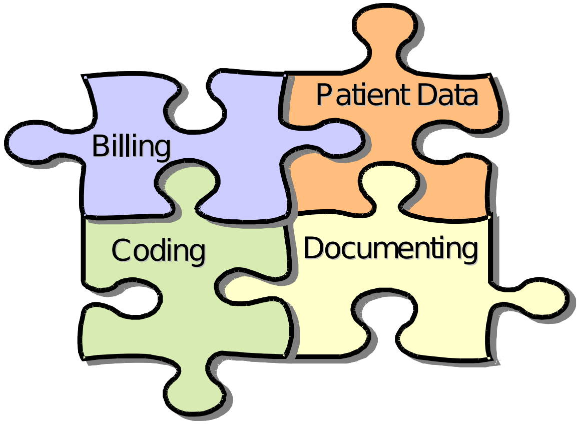
Documenting

- Meeting SG Directives
  - Accuracy %
  - AFSG – P2R2
  - Baseline Metrics for 07 & 08
- Meeting Business Plan objectives
  - Prospective Payment System
  - Budget
  - Manning
- Improving the bottom line
  - Coding
  - Reimbursements
  - Records Availability

CORE COMPETENCIES

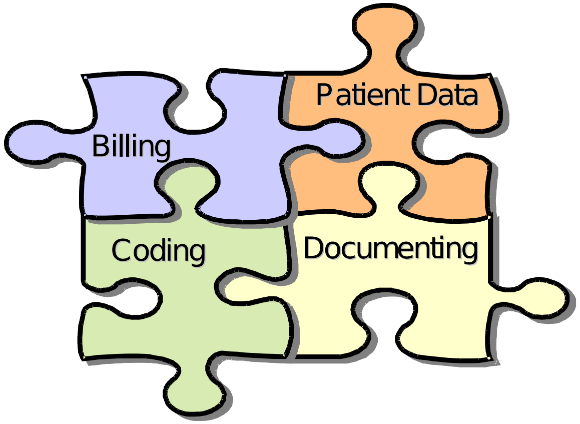
Future of Coding Methodology



- CARS to provide systematic approach to outpatient coding audits
  - Web-based auditing tool for data abstraction, compiling and submission of monthly reports
  - Randomly select visit encounters for specific clinics
  - Accurately calculate E&M codes based on documentation
  - Eliminate manual counting of code deficiencies
  - Automatically transmit MTF reports to AFMSA and P2R2
- Phase I developed by AFMSA/SGSID and tested at 4 MTFs
- Phase II pending approval of funds; $152K UFR submitted

CORE COMPETENCIES

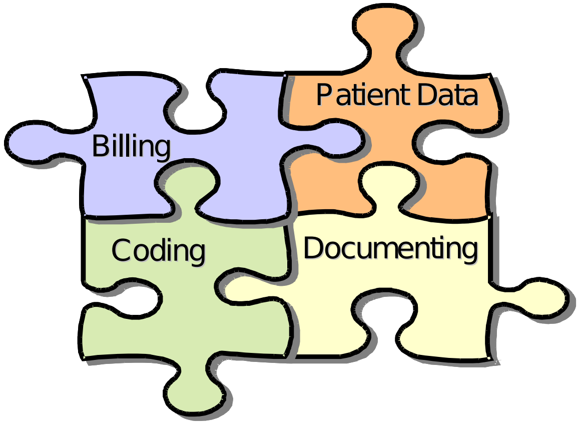
References



- For questions regarding coding/auditing please contact your service representatives as follows:
  - Army http://www.pasba.amedd.army.mil
  - Air Force https://phsohelpdesk.brooks.af.mil
    - 1-800-298-0230
  - Navy https://imcenter.med.navy.mil/045department/

- MAJCOM
- Coding/Auditing Staff
- Data Quality Managers

Summary


Billing
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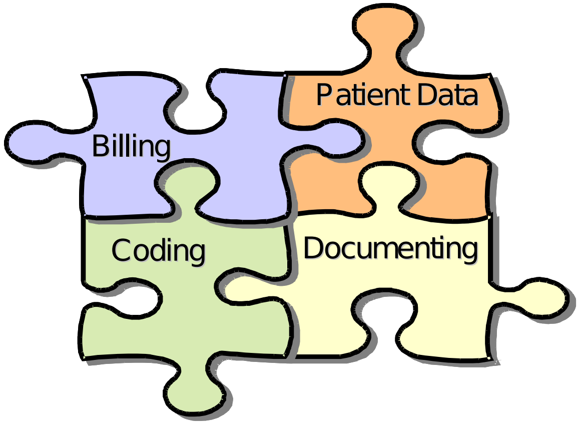
Documenting

- Audit guidelines
  - Goals
  - Audit assessment
- Audit criteria
- Facility benefits
- Future audit methodology

CORE COMPETENCIES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Questions

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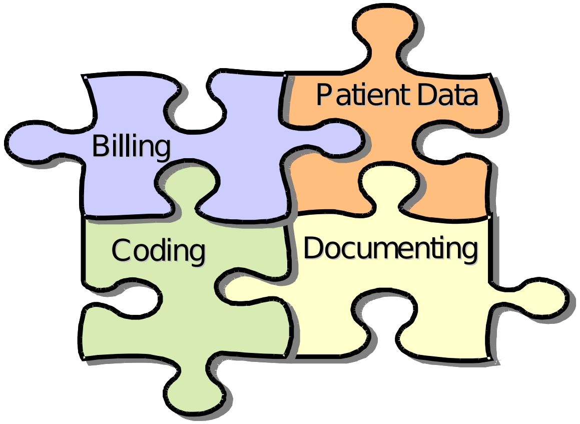
CORE COMPETENCIES


Patient Data
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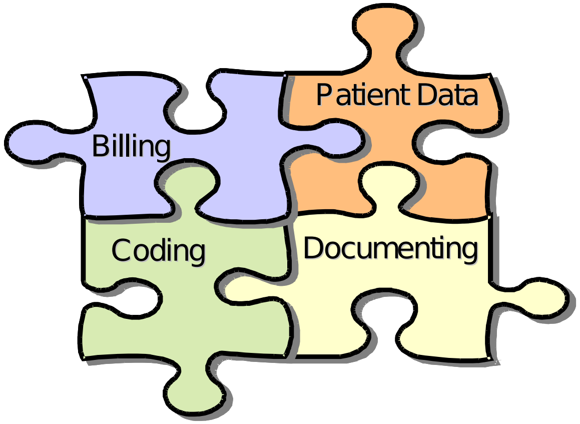
Documenting

100% Coding Compliance
An Auditor Reveals Common Coding Errors

LaNiece Sharpling, CCS
Tuesday, 17th May 2005
Track 2, UBU

CORE COMPETENCIES

Objectives


Patient Data
Billing
Coding
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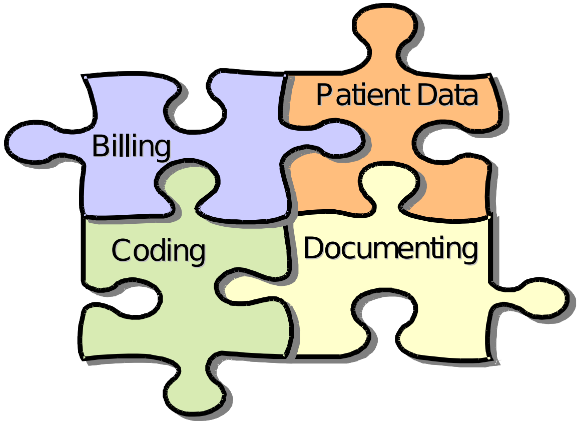
- Recognize the types of coding errors
- Learn what can cause an error in coding
- Develop a source for reference materials

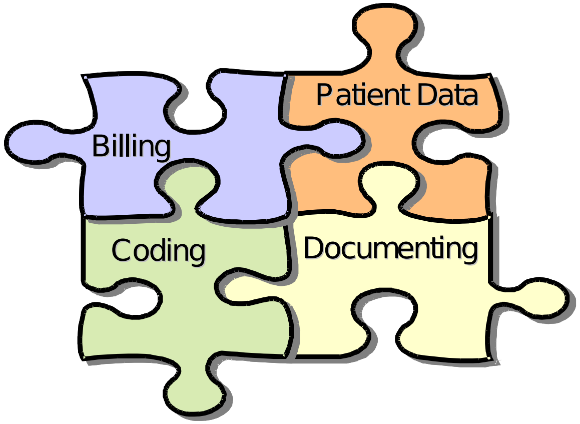
C O R E C O M P E T E N C I E S

Common Diagnosis (Dx) Errors



- Missing E-Codes
  - Without the appropriate E-Codes claims can be denied by insurance companies
    - An E-Code may be used with any code from 001-V84.8, indicating an injury, poisoning, or adverse effect due to an external cause
    - E-Code's are assigned on the initial encounter

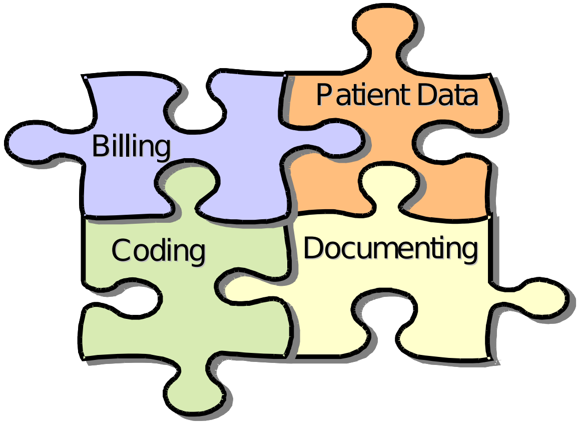
Common Diagnosis (Dx) Errors



- Not Coding to the highest specificity level
  - Failing to apply a necessary 4th or 5th digit
    - Acute MI 410.xx
      - » 4th digit labels location
      - » 5th digit labels episode of care
  - Using an unspecified code, when documentation shows more specific information available
    - These typically end in a ‘.9’
    - Sinusitis, Unspecified, Chronic--473.9
    - Maxillary Sinusitis, Chronic—473.0

CORE COMPETENCIES

Common Diagnosis (Dx) Errors


Patient Data
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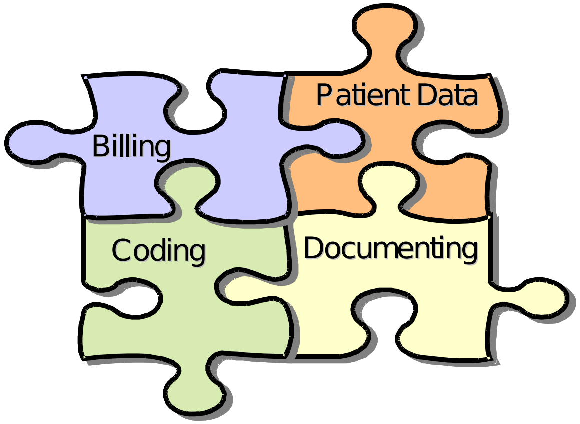
- Combination Codes under utilized
  - Instead of separate codes of:
    - HTN NOS-401.9
    - Chronic Renal failure-585
  - Code One Code:
    - 403.91 Unspecified Hypertensive renal failure

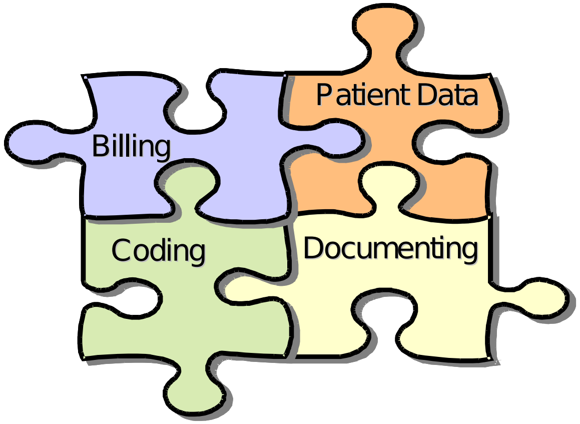
Common Diagnosis (Dx) Errors



- Late effect codes not being used
  - Hemiplegia from CVA in ’84
    - 438.22-- Late effect of cerebravascular disease; Hemiplegia affecting non-dominant side
- Under utilization of V-Codes
  - Pt. had Breast CA-past Hx of mastectomy, no longer on chemotherapy/radiation therapy-no longer under treatment.
    - Code the V-Code-v10.3 Personal Hx of breast CA

CORE COMPETENCIES

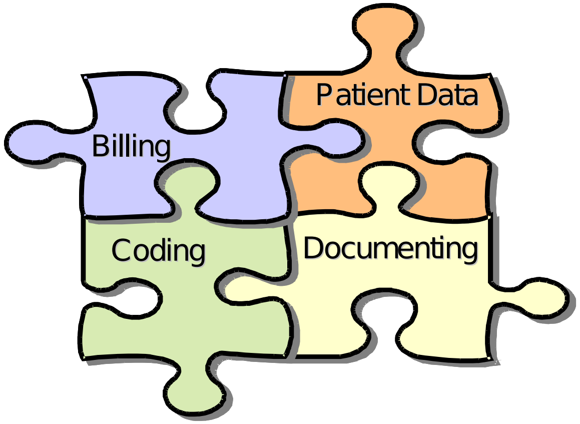
Common Diagnosis (Dx) Errors



- Coding a manifestation code alone; instead of coding the etiology code first, followed by the manifestation
  - Noted in Ophthalmology Clinic Note:
    - Pt has retinopathy, documentation shows it is “**DUE TO**” her DM.
    - Code:
      - {The Etiology} 250.50 DM with ophthalmic manifestations, NOT STATED as uncontrolled
      - {The Manifestation} 362.01 Diabetic retinopathy, NOS

CORE COMPETENCIES

Common Diagnosis (Dx) Errors

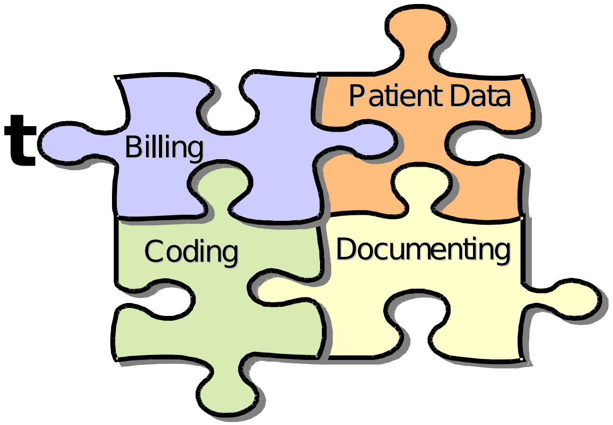


- *Do not* code diagnoses documented a “probable”, “suspected”, “questionable", " rule out”, or “a working diagnosis” in the outpatient or clinic settings

- Encounter is solely for the purpose of chemo/radiation therapy
  - a code from category V58.x is assigned as the primary diagnosis

CORE COMPETENCIES

Evaluation and Management (E&M) Errors

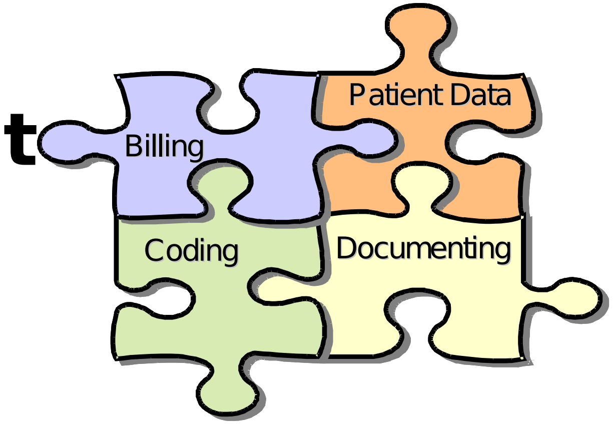


- Over utilizing TIME as a determining factor for

  E&M level
  - Just stating 50 minutes spent with patient does not meet the requirements for a 99214 or 99215 level visit
- Not understanding New vs. Established patient
  - Pt may be new to the provider, yet has been seen for 1 year at the same clinic-{this is an Established patient}

CORE COMPETENCIES

Evaluation and Management (E&M) Errors


Billing
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- Overuse of 1 or 2 ‘certain’ E&M codes for all office visits
  - 99212 or 99213 Mid level
- Not documenting all elements to fulfill the requirements for certain E&M codes
  - Documenting a problem focused exam and coding for a detailed exam

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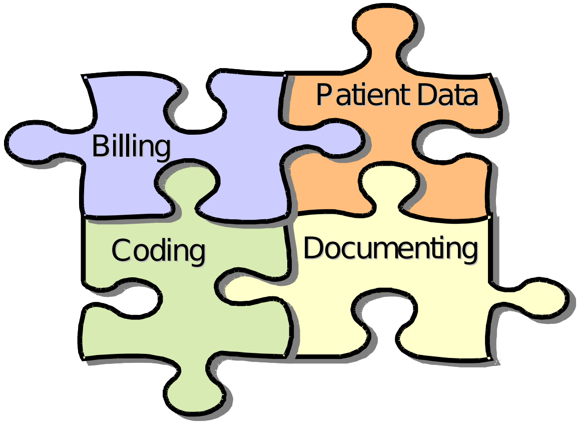
Procedure (CPT) Errors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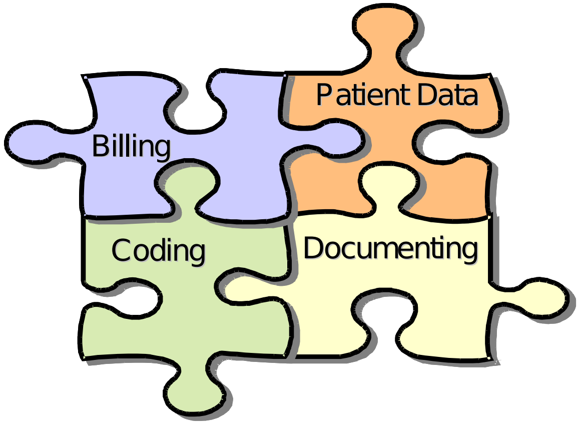
Procedure (CPT) Errors


Patient Data
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- Failing to code procedures that were performed in the clinic
  - EKG's
  - Certain injections/infusions
- Unbundling of procedures
  - Coding pulse oximetry {94760} separately with the conscious sedation anesthesia code-99141 {it is included in the anesthesia code}

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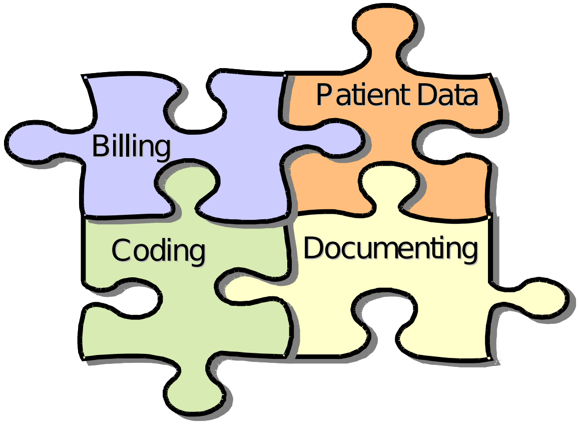
Procedure (CPT) Errors


Patient Data
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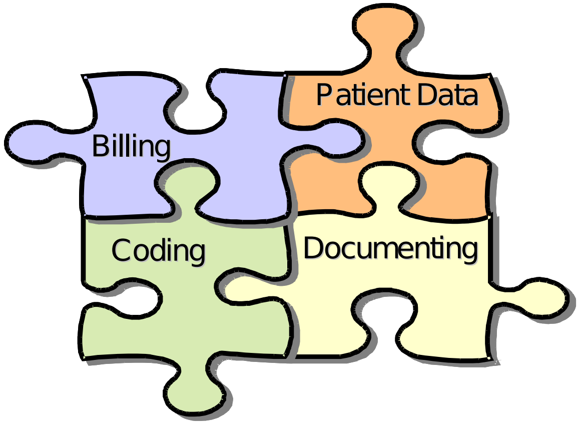
- Not coding diagnoses to support the procedure codes
- Document and Code for medical necessity
- Unbundling procedures
  - Colonoscopy - 45378   Biopsy – 45380
  - Code only -45380-colonoscopy with biopsy

CORE COMPETENCIES

Procedure (CPT) Errors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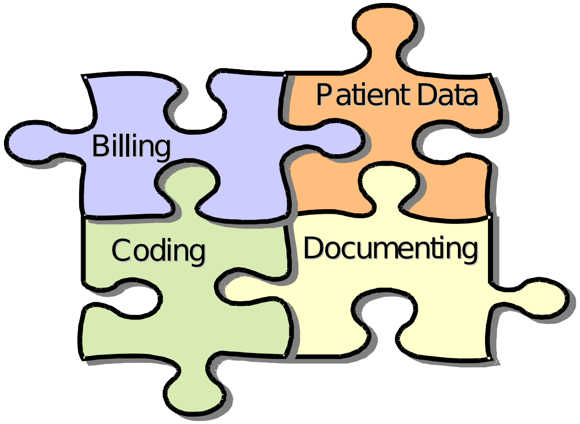
- Under utilization of global period coding
  - Common error is using an E&M office visit code for an uncomplicated post-operative service which is included in a global procedure {post-operative global visit CPT-99024, E&M-99499}

Procedure (CPT) Errors


Billing
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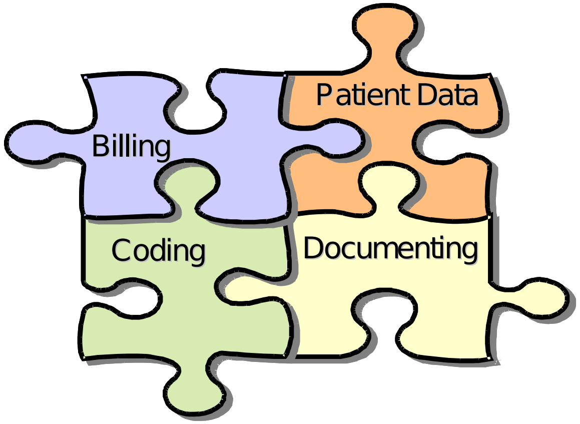
- Add on codes (+)
  - Must code in conjunction with the primary procedure
    - Repair recurrent ventral hernia with mesh

49565-hernia repair

+49568-implantation of mesh for ventral repair

CORE COMPETENCIES

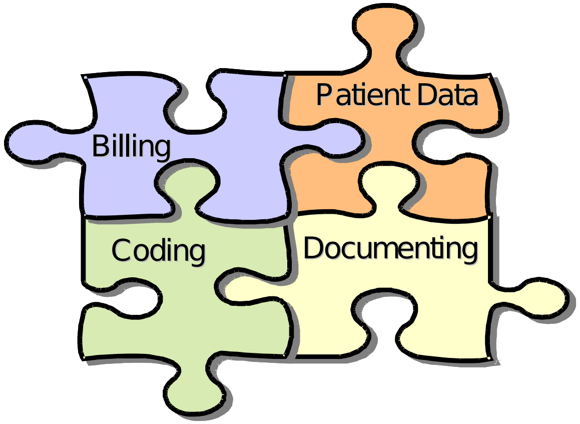
Procedure (CPT) Errors



- Using a HCPCS code (alpha-numerical) when a CPT code is available
  - Use CPT Code33420- insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator
  - Instead of HCPCS code G-0297- insertion of single (g-0298-Dual) chamber pacing cardioverter-defibrillator pulse generator

CORE COMPETENCIES

Common General Errors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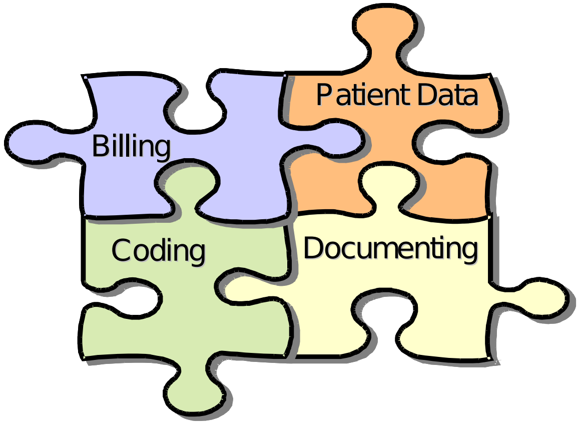
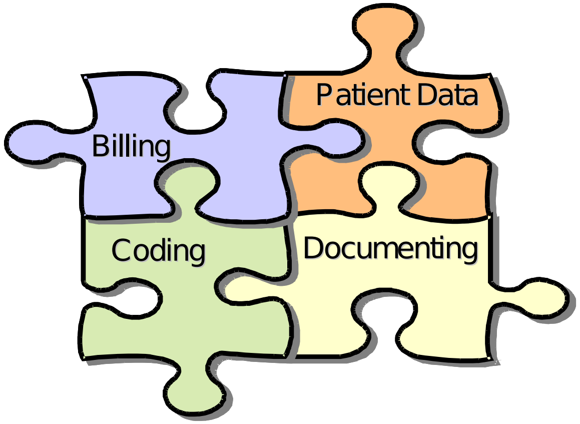
CORE COMPETENCIES

Causes Which Can Perpetuate Errors



- Having an incomplete encounter/record to review
- Not reviewing all of the documentation within the encounter/record
- Inappropriate selection of codes
- Utilizing out dated reference coding materials
- Coding only from the index of the coding book

Causes Which Can Perpetuate Errors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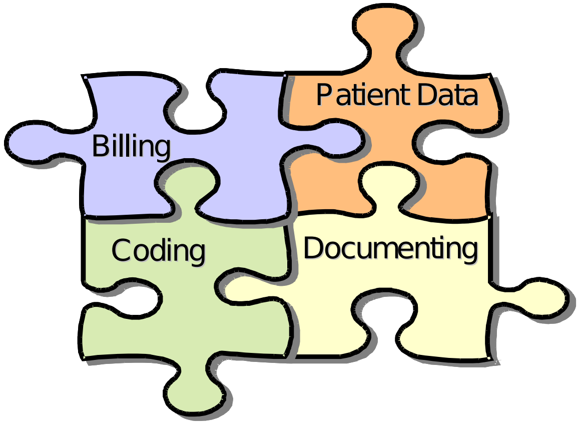
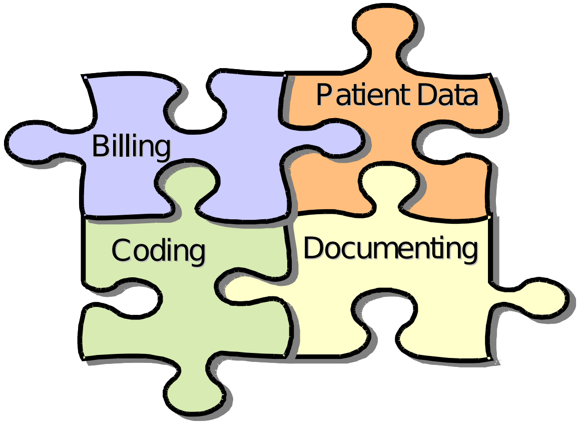
- Illegible handwriting
- Misuse of the appropriate approved abbreviations
- Lack of documentation to substantiate the codes. This effects all codes:
  - Level of E&M
  - Diagnosis
  - Procedure


Patient Data
Billing
Coding
Documenting

What Can You Do To Be Coding Compliant?

CORE COMPETENCIES

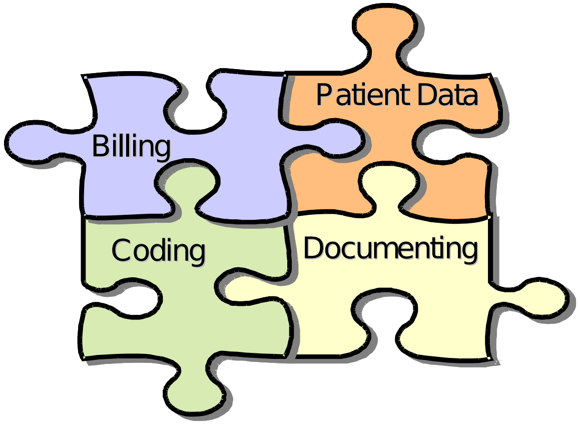
Objectives For Compliance


Patient Data
Billing
Coding
Documenting

1. The record/encounter is complete prior to coding
2. Review all documentation related to the encounter
3. Develop an appropriate query form for providers
    - Ask them questions
    - Get your answers

CORE COMPETENCIES

Objectives For Compliance


Patient Data
Billing
Coding
Documenting

4. Build a coding reference library (all need to be current editions)

   UBU Guidelines

   Coding Guidelines

   ICD-9 Coding book

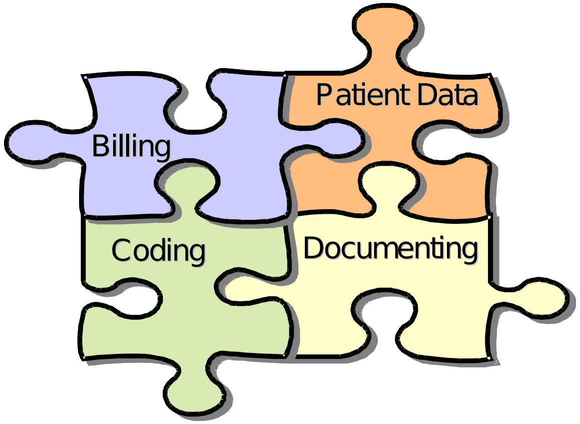
   CPT Coding Book

   HCPCS Coding Book

5. Correctly use your resource materials
   - Know how to use the coding book-index and tabular sections

CORE COMPETENCIES

Objectives For Compliance


Patient Data
Billing
Coding
Documenting

6. Up to date coding reference materials available in either:

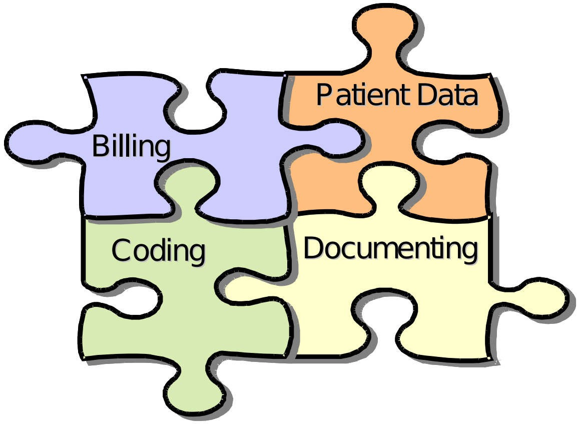
   Hardbound

   Electronic (via hard drive or internet)

7. If available utilize the World Wide Web for research and save your favorite Web sites for future reference

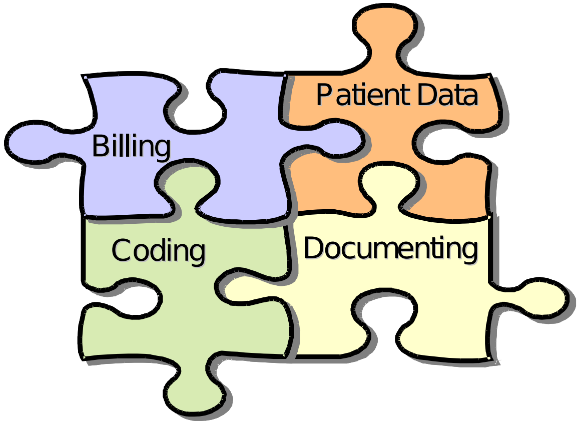
8. Share your knowledge with others

CORE COMPETENCIES


Billing
Patient Data
Coding
Documenting

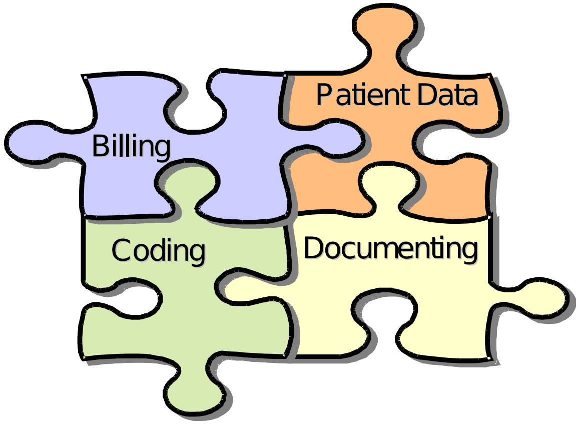
Questions?

References

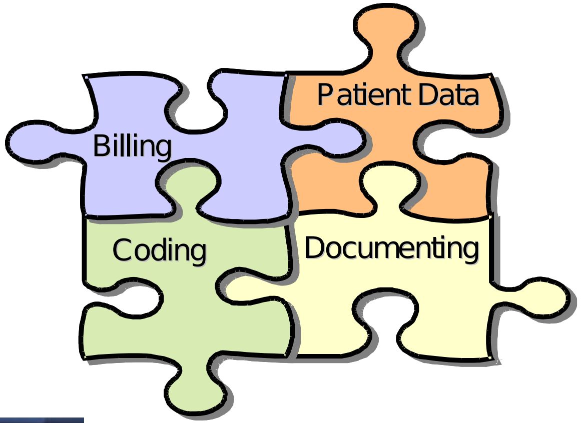

Patient Data
Billing
Coding
Documenting

- UBU Coding Guidelines Version 1.0 January 2005
- ICD 9-CM Official Guidelines for Coding and Reporting April 1, 2005
- ICD 9-CM Coding for Physicians-Vol. 1, 2005

Web Sites


Patient Data
Billing
Coding
Documenting

- http://www.cms.hhs.gov/
- http://www.tricare.osd.mil/
- http://oig.hhs.gov/
- http://www.dhhs.gov/
- http://cdc.gov/


Patient Data
Billing
Coding
Documenting

On the Outside Looking In

The External Audit

Sharon Taylor, CPC, CCS-P

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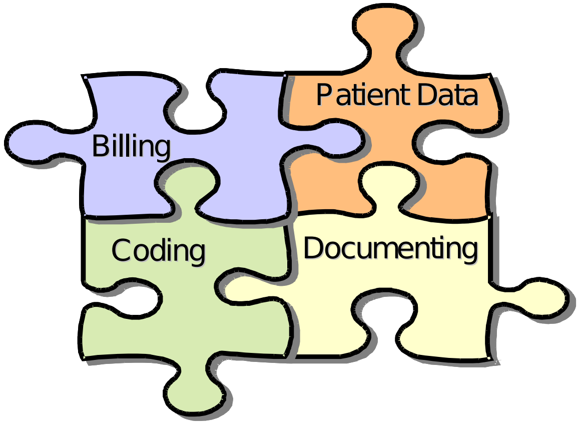
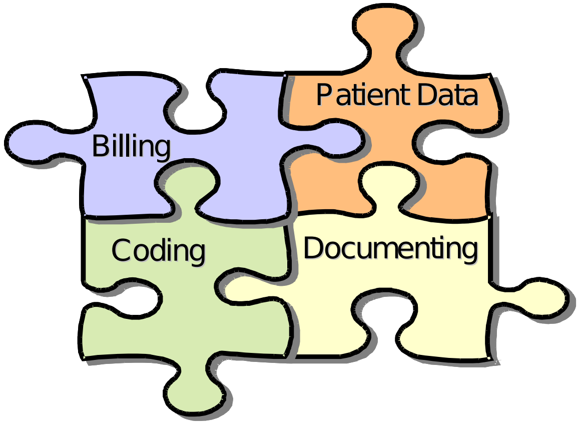
Objectives


Patient Data
Billing
Coding
Documenting

- What is the purpose and goal for the audit?
- Where’s the data?
- Using DoD unique guidelines
- Make a difference with effective action plans

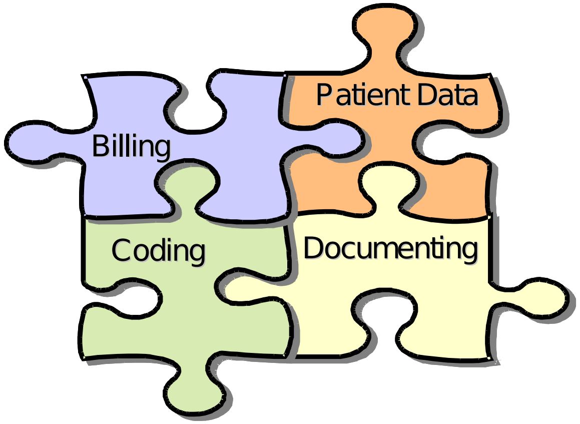
Defining the Purpose and Goal


Billing
Patient Data
Coding
Documenting

- What is the purpose of this audit?
  - To identify coding errors
- What are the goals?
  - To improve coding processes for data quality

C O R E C O M P E T E N C I E S

Identify Data Elements for Consistent Data Retrieval

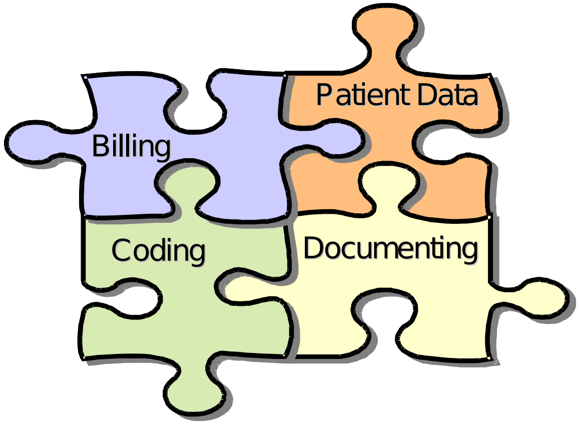

Patient Data
Billing
Coding
Documenting

- Example of data elements
  - Original primary and secondary dx
  - Audited primary and secondary dx
- Collection of data elements should be from MHS central data base through SADR (Standard Ambulatory Data Record)

CORE

COMPETENCIES

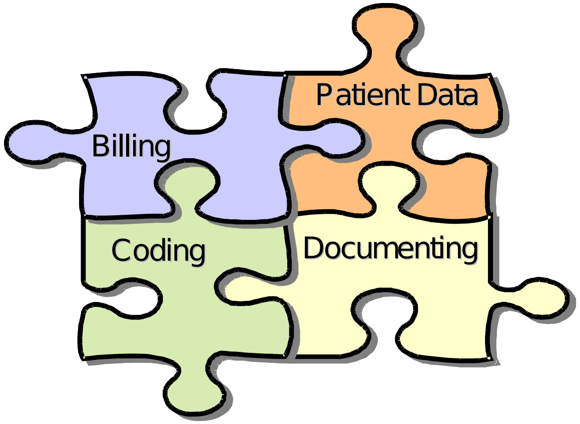
Data Elements


Patient Data
Billing
Coding
Documenting

- Retrieve same healthcare records audited by the internal auditor
- Review documentation of the encounter for professional services

C O R E C O M P E T E N C I E S

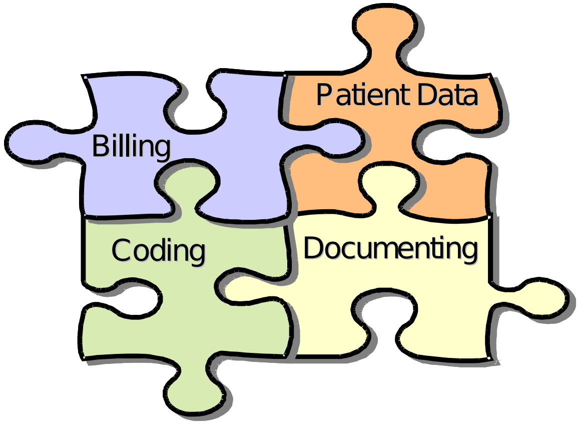
Data Elements Included in Audit


Patient Data
Billing
Coding
Documenting

- The codes provided are transmitted from ADM to SADR.
  - ICD-9-CM primary
  - Up to maximum 3 secondary diagnoses
  - First listed E&M

CORE COMPETENCIES

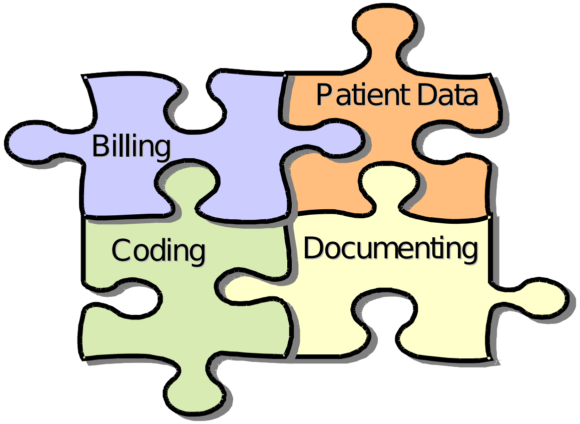
Audit Requirements


Patient Data
Billing
Coding
Documenting

- Accurate and appropriate sequencing of primary diagnosis
- Diagnosis pertinent to patient encounter
- Accuracy of one E&M code
- Accuracy of up to four CPT/HCPCS
- Inpatient professional services excluded*
  - * excluded from external audit only

CORE COMPETENCIES

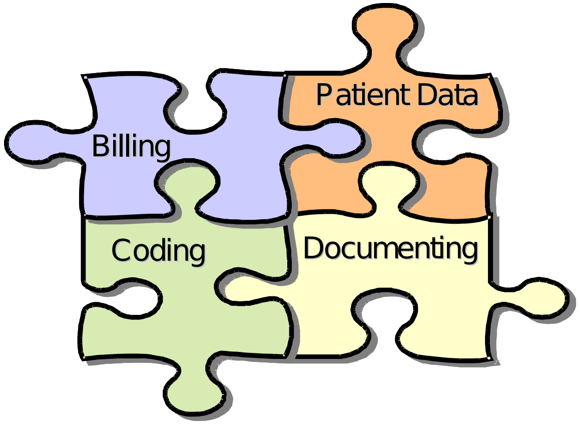
Be Aware of Audit Limitations - DoD Unique


Patient Data
Billing
Coding
Documenting

- CHCS limitations (e.g., not being able to list the same CPT code twice)
- Data elements that do not pass through to the SADR, e.g.,
  - 2nd or 3rd listed E&M codes
  - Modifiers
- Use of E&M code 99499 with APV encounters

CORE COMPETENCIES

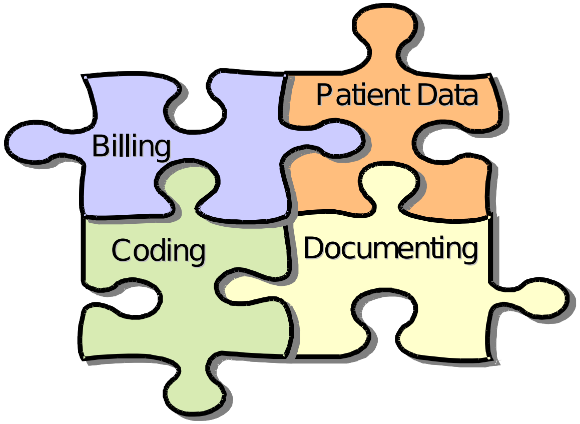
Defining Indicators


Patient Data
Billing
Coding
Documenting

- Coordinate with Internal auditor for audit criteria.
- Follow DoD guidelines for definition of Pass or Fail criteria.*

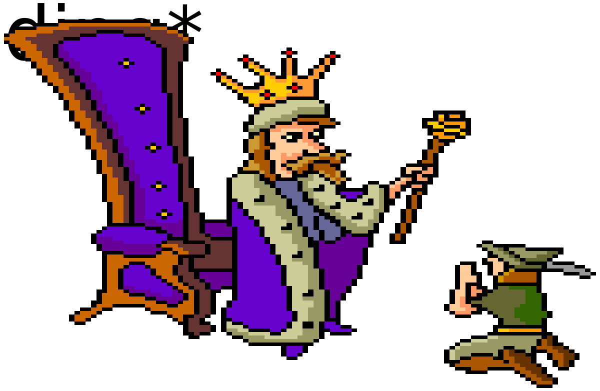
- *2005 DoD Professional Services and Coding Guidelines Section 1.8 “Instructions for MTF Auditor”

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

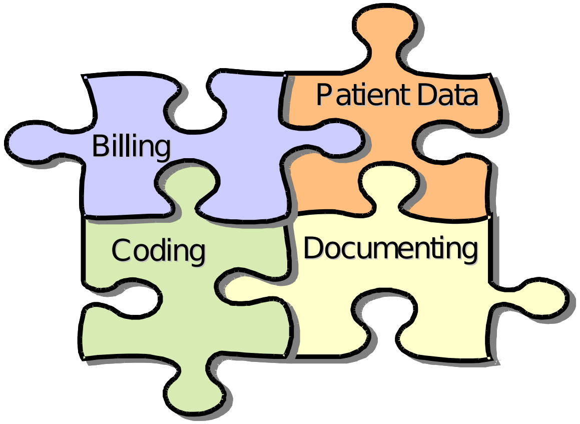
DoD Guidelines Rule

- Records will be audited according to the DoD guidelines and then generally accepted coding*



- *2005 DoD Professional Services and Coding Guidelines 2005 Section 1.8

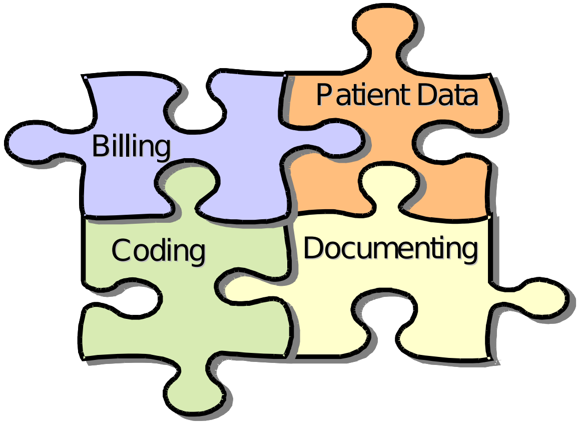
Auditing- First time Around


Patient Data
Billing
Coding
Documenting

- Baseline assessment
  - Must be comprehensive
  - More intense than subsequent audits
  - Used to determine problem areas
  - Require larger sample of records
  - Establish coding accuracy

CORE COMPETENCIES

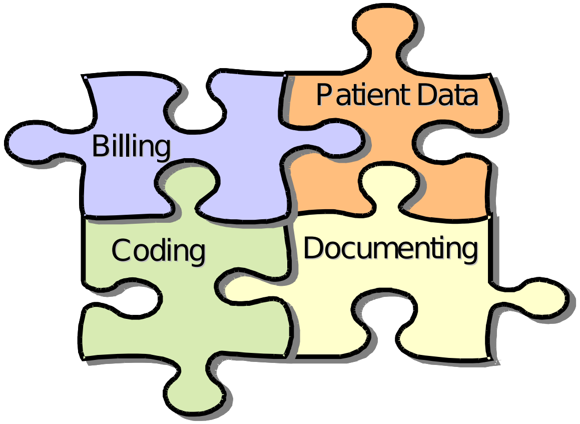
Selecting an Approach


Billing
Patient Data
Coding
Documenting

- Concurrent?
  - Review before bill is submitted.
  - Provide chance to make corrections.
- Retrospective?
  - Review after bill is submitted.
  - May result in rebilling or repayment.

CORE COMPETENCIES

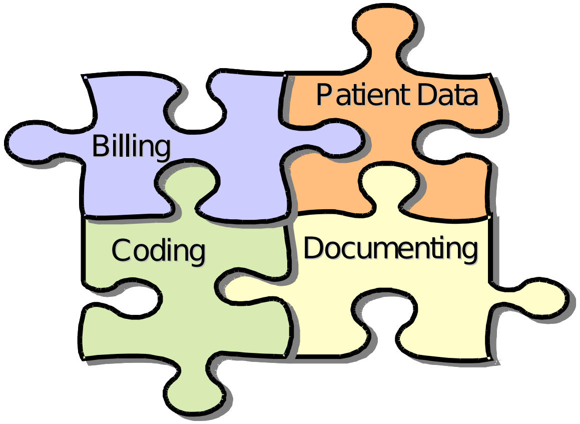
Data Collection


Patient Data
Billing
Coding
Documenting

- Should coordinate with internal auditor.
- Suggest data collection be timed at least 45 days of encounter.
- Allows for coded and grouped data to be uploaded in MDR (Medical Data Repository).
- Choose sampling – focused or random

CORE COMPETENCIES

Audit Strategy


Billing
Patient Data
Coding
Documenting

- Frequency of reviews may be facility specific.
- Assessments should be conducted at regular intervals (e.g., Monthly, Quarterly,Semiannually, or Annually)

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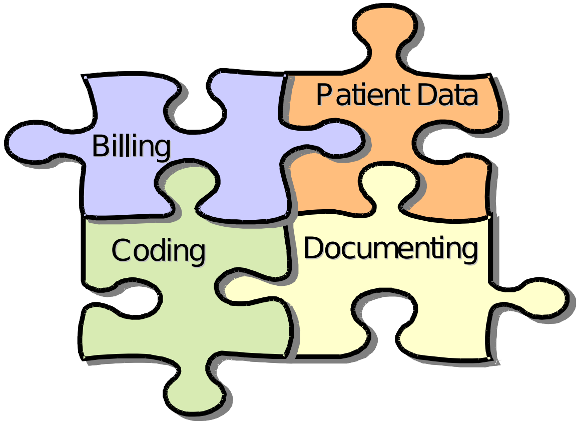
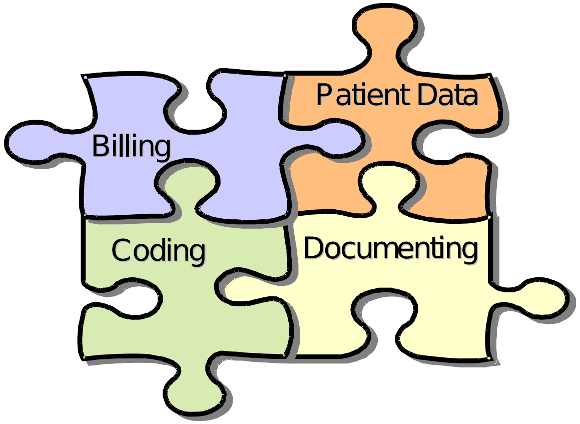
What Happened Since Last Review?


Patient Data
Billing
Coding
Documenting

- For problem areas – Did improvement occur?
- For non problem areas – Did significant deviations occur?
- Did result of review require immediate attention?

CORE COMPETENCIES

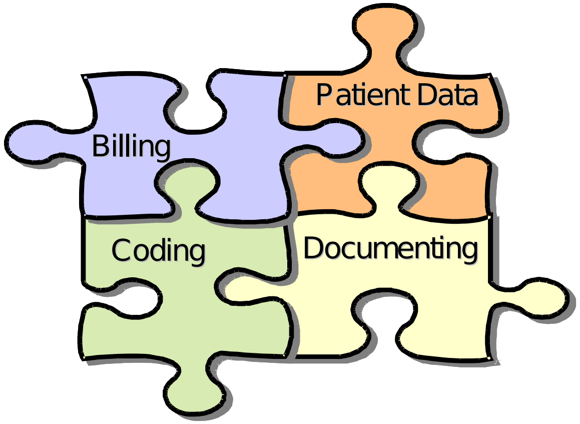
Reporting Summary of Audit Findings


Billing
Patient Data
Coding
Documenting

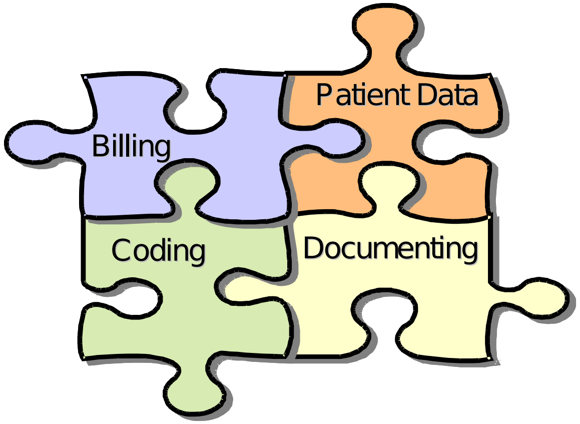
- Design a report that will give an overall financial impact of coding results.
- Include an MS Excel worksheet along with a written report.
- Use time trended data from previous reporting periods.

CORE COMPETENCIES

Plan of Action - Using Audit Results

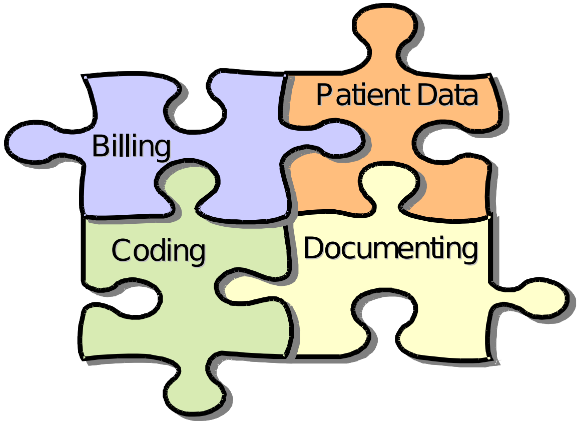

Patient Data
Billing
Coding
Documenting

- Communicate with MTF Commander on recommendations.
- Provide effective feedback
  - Providers
  - Coders
  - Data Quality Manager
- Develop Improvement plan
- Training, Training and more Training


Patient Data
Billing
Coding
Documenting

QUESTIONS?

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

How to Instruct Providers on Better Documentation

Sharla Scott, CPC
Tuesday, 17 May 2005
Track 2, UBU

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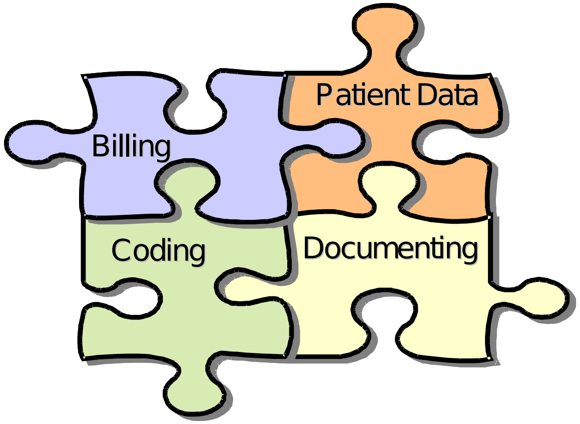
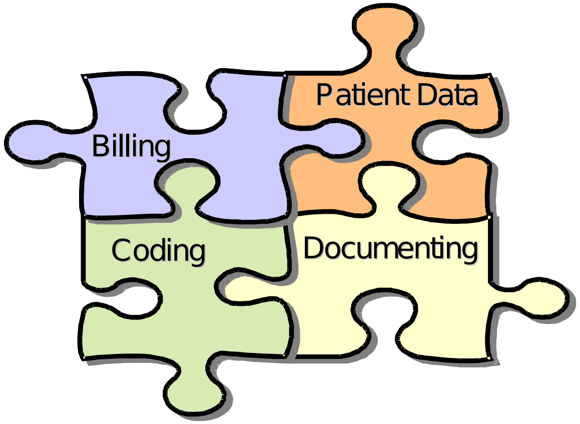
Objectives


Patient Data
Billing
Coding
Documenting

- Learn How to Jump Over, Crawl Under or Go Around Obstacles.
- Be Able to Accomplish Training with a Combined Tool.
- Understand Alternatives.
- Be Creative and Have Fun!!!!


Patient Data
Billing
Coding
Documenting

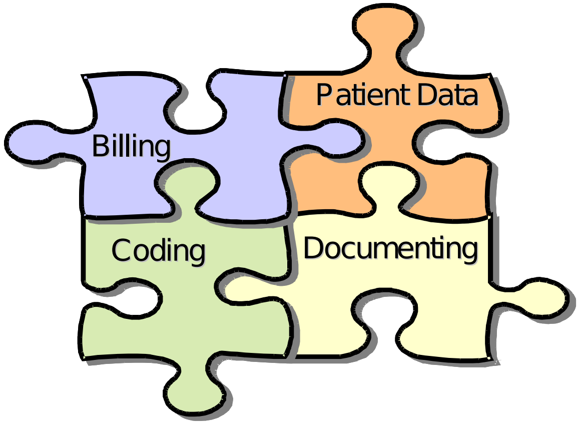
Obstacles

- Time Restraints
- Congregation
- Opposition
- Incentives or Lack Thereof
- Location Restrictions

C O R E

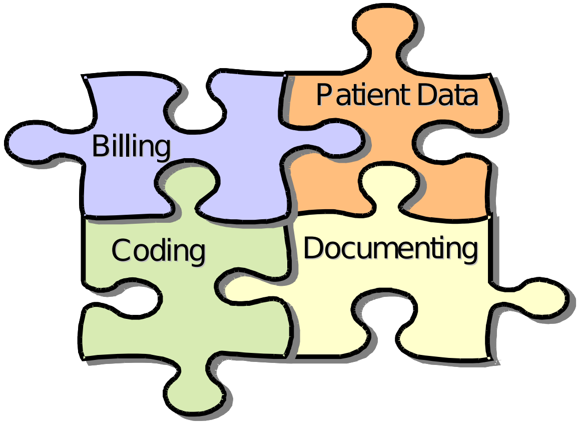
C O M P E T E N C I E S

Training


Patient Data
Billing
Coding
Documenting

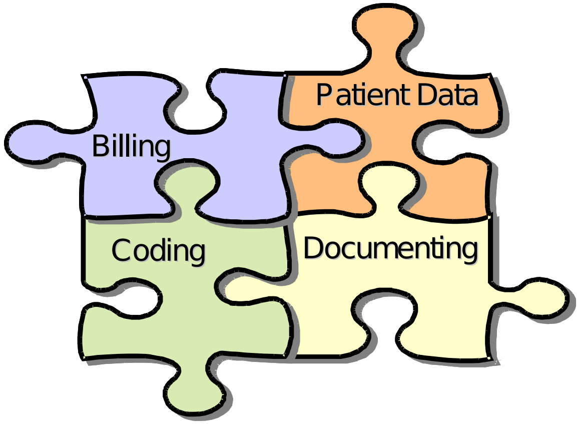
- Peer Review
- SGH Camaraderie/Buy In
- Efficiently Use Time/Resources
- Enhanced Learning Process = Enhanced Documentation
- Perfect Prelude to PGUI/CHCS II

Questions


Patient Data
Billing
Coding
Documenting

- Are at Least 4 HPI Elements Present?
- Are at Least 2 ROS Present? (Over 10 for new pt)
- Are Personal Past, Family and Social History Present? (All 3 for new pt)
- How Many Body Areas/Organ Systems Are Examined?

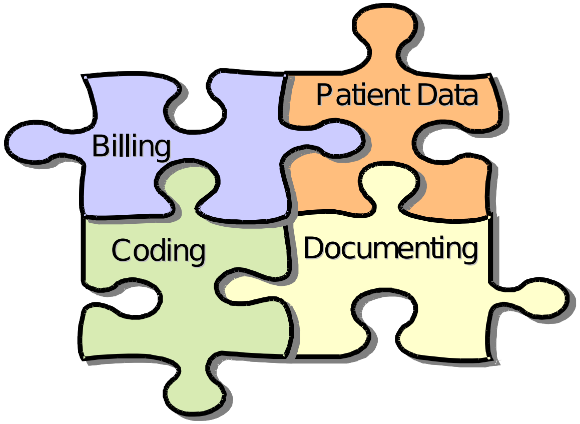
Questions Cont…


Billing
Patient Data
Coding
Documenting

- # of Diagnoses or Management Options?
- Amount and/or Complexity of Data to Be Reviewed?
- What t Risk Level of Complication and/or Morbidity or Mortality?
- What Would You Rate the Overall E/M Level?
- Does This Code Match ADM?
  AUDIT WORK TOOLSHARS2.doc

CORE COMPETENCIES

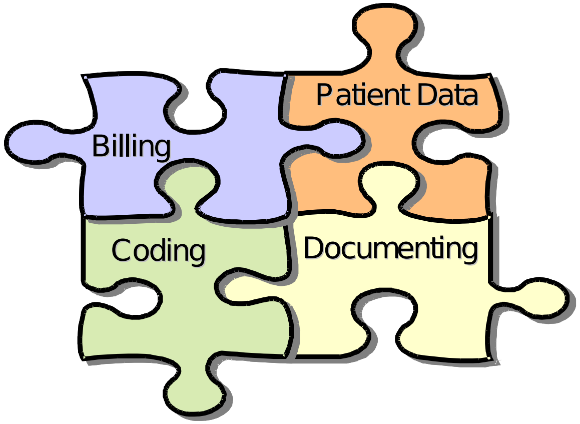
Responsibilities


Patient Data
Billing
Coding
Documenting

- SGH
- GPM
- Providers Old and New
- Coding Auditor
- Compliance Plan

CORE COMPETENCIES

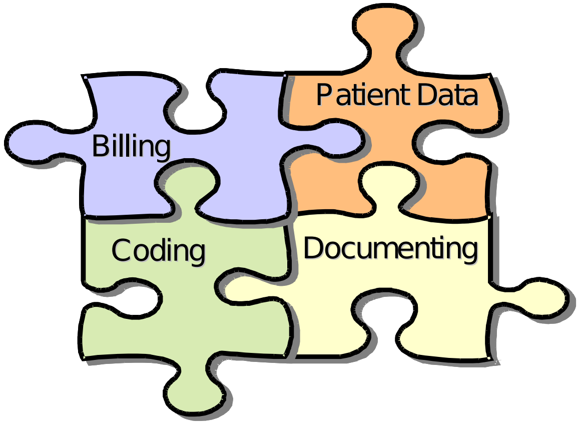
Alternatives and/or Additions


Patient Data
Billing
Coding
Documenting

- Manager of Education and Training
- **Lunch Provided**
- Sign-In
- Video Taped

CORE COMPETENCIES

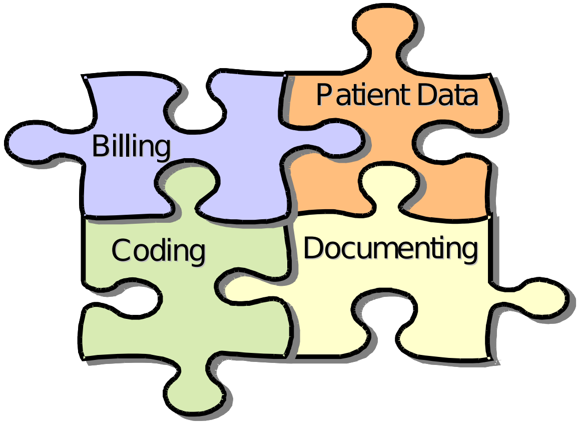
Alternatives and/or Additions - Cont…


Patient Data
Billing
Coding
Documenting

- Use of HIPAA Compliant Chart Notes
- 00000002.TIF
- Utilization of Current Resources

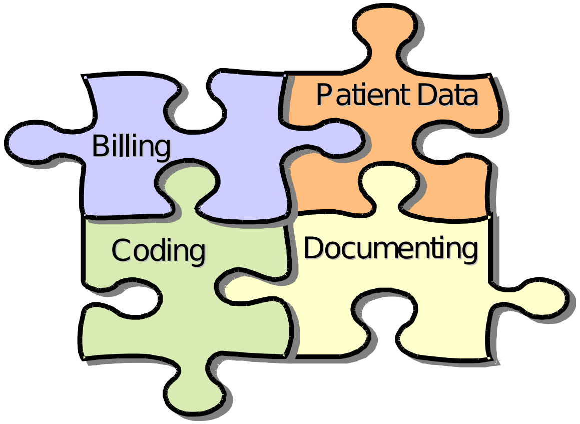
CORE COMPETENCIES

Alternatives and/or Additions - Cont…


Patient Data
Billing
Coding
Documenting

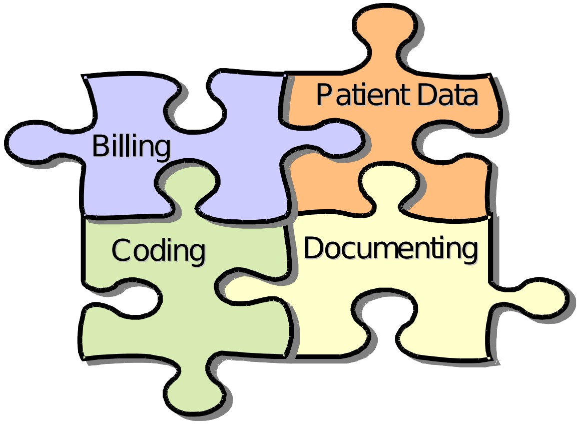
- Monthly Newsletter
- Medicare Publications/Bulletins
- Feedback from Audits-Individualized
- Daily Feedback from Coders
- CHCS II-Electronic Feedback
- Putting It All into Perspective

Summary


Patient Data
Billing
Coding
Documenting

- Don’t Let Obstacles Get in Your Way
- Combine Training Whenever Possible
- Include Alternatives
- Be Creative and Have Fun!!!!

QUESTIONS???

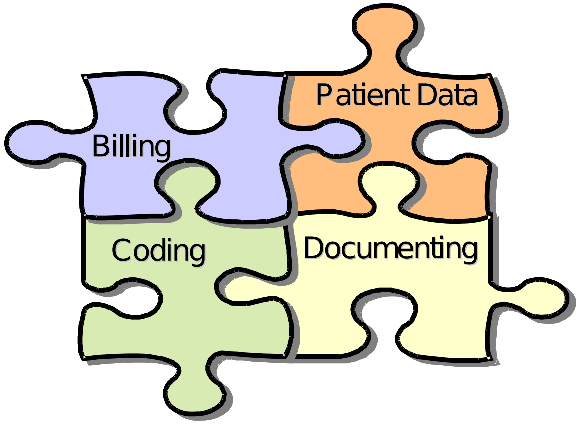

Billing
Patient Data
Coding
Documenting

References: CMS Part A and B Publications; http://www.noridianmedicare.com

Pocket E/M Calculator: 3M Innovation 770-394-8800

Sharla Scott, CPC
sharla.scott@fairchild.af.mil
DSN 657-2268
COMM 509-247-2268

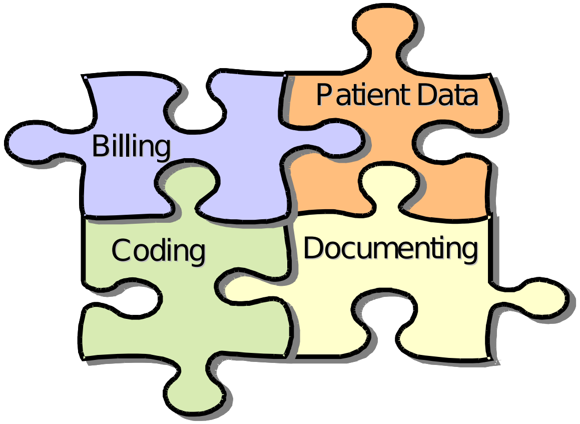
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

EVALUATION & MANAGEMENT (E/M) CODING

Koressa R. Gregory, CPC
17 May 2005
Track 2 UBU

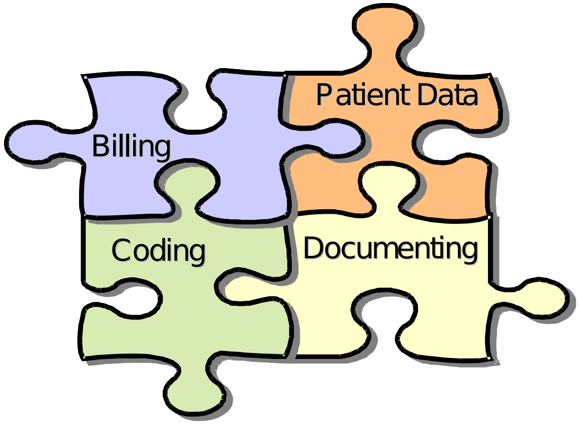
PURPOSE



- The purpose of this session is to explain the methodology of the multifaceted rules of the coding process, and provide you with tools, which will ensure adequate documentation and appropriate selection of an E/M code.
  - By understanding the coding process, recording adequate medical record documentation to support the selected E/M code will become second nature.

CORE COMPETENCIES

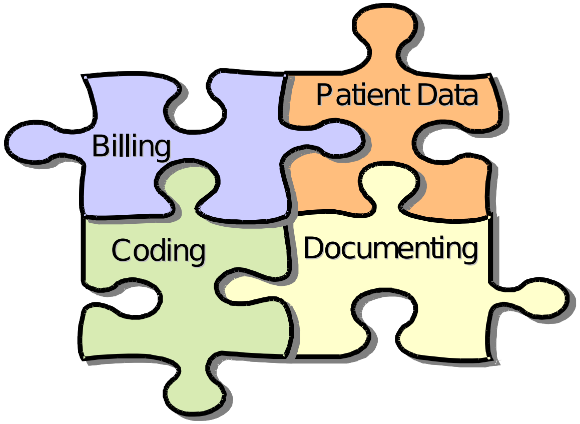
E/M CODING – PIECES OF THE PUZZLE


Patient Data
Billing
Coding
Documenting

- Key Components
  - History
  - Exam
  - Medical Decision Making
- Counseling
- Coordination of Care
- Presenting Problem
- Time

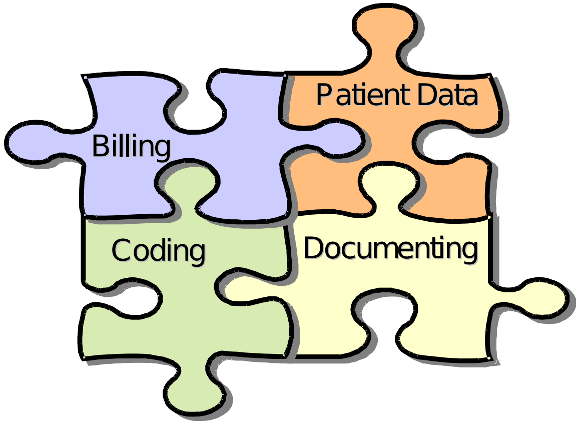
CORE COMPETENCIES

E/M KEY COMPONENTS


Patient Data
Billing
Coding
Documenting

- History
- Examination
- Medical Decision Making

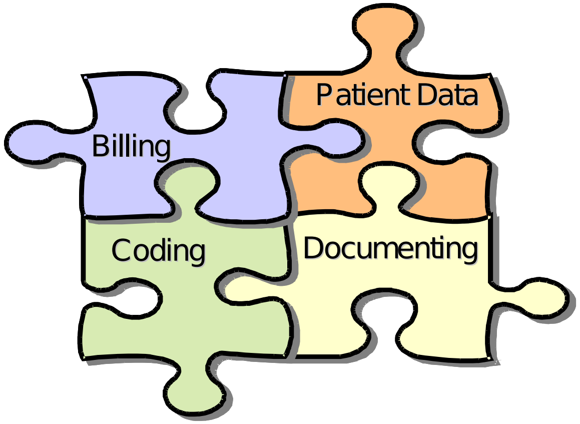
HISTORY



- **Objective** – Upon completion of the History section you will be able to:
  - Identify the **chief complaint (CC)**
  - Identify the three (3) elements of the patient history:
    - **History of present illness (HPI)**
    - **Review of systems (ROS)**
    - **Past/family/social history (PFSH)**, and
  - Select the type of history based on documentation.

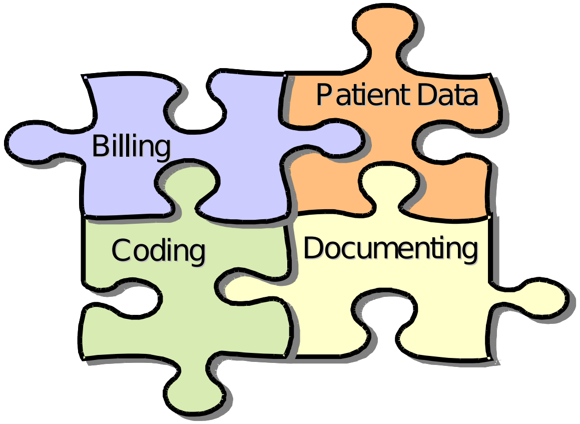
CORE COMPETENCIES

CHIEF COMPLAINT (CC)


Billing
Patient Data
Coding
Documenting

- A concise statement describing the reason for the encounter, usually stated in the patients words.
- Plays a critical role in the provider’s determination of the extent and nature of the history, the physical examination, and the medical decision making process.

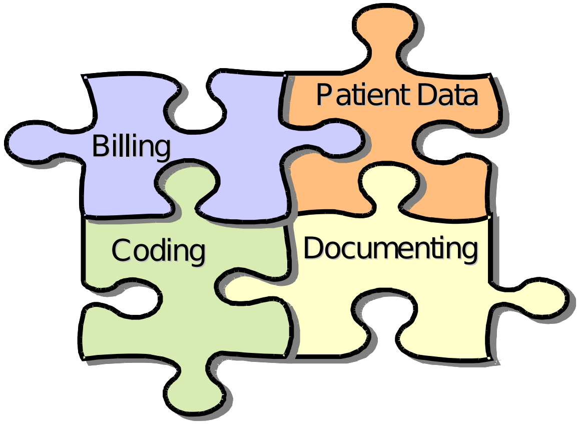
HISTORY OF PRESENT ILLNESS (HPI)


Patient Data
Billing
Coding
Documenting

History of Present Illness (HPI)

- __ Location
- __ Quality
- __ Severity
- __ Duration
- __ Timing
- __ Context
- __ Modifying Factors
- __ Associated Signs and Symptoms

CORE COMPETENCIES

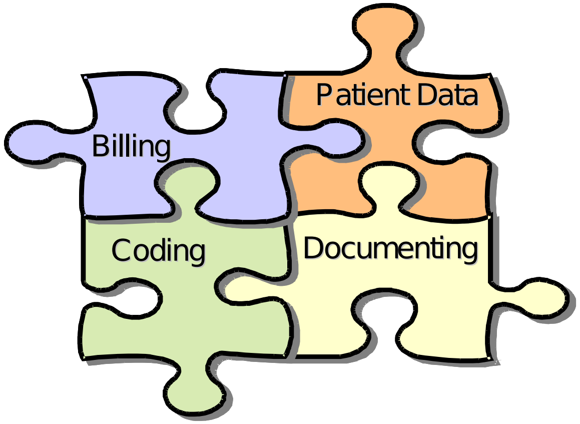

Patient Data
Billing
Coding
Documenting

HPI - TYPES

- **Brief HPI:** Documentation of 1-3 of the eight elements.
- **Extended HPI:** Documentation of 4 or > of the eight elements or the status of at least 3 chronic or inactive conditions.

CORE COMPETENCIES

REVIEW OF SYSTEMS (ROS)

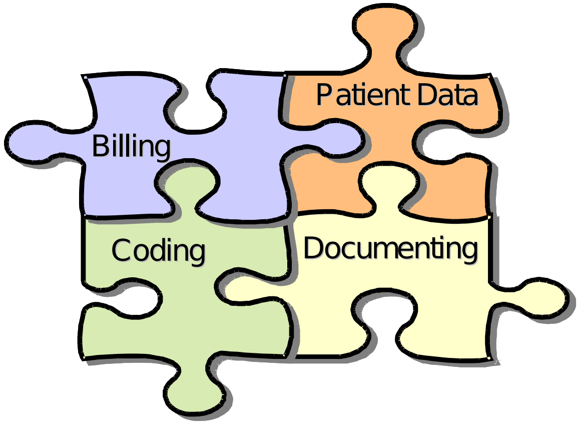


Review of Systems (ROS)

- **Allergic/Immunology**
- **Cardiovascular**
- **Constitutional (e.g., fever, weight loss)**
- **Ears, Nose, Mouth, Throat**
- **Endocrine**
- **Eyes**
- **Gastrointestinal**
- **Genitourinary**
- **Hematological/Lymphatic**
- **Integumentary (skin and/o breast)**
- **Musculoskeletal**
- **Neurological**
- **Psychiatric**
- **Respiratory**

CORE COMPETENCIES

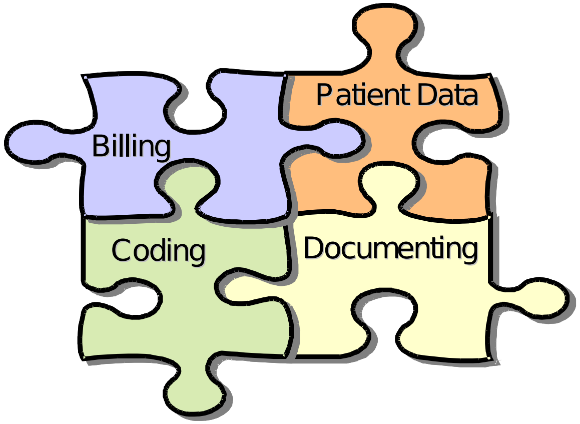
ROS - TYPES



- **Problem Pertinent:** Documentation of the system related to the problem.
- **Extended:** Documentation of the system related to the problem and positive/pertinent negatives of 2-9 systems.
- **Complete:** Documentation of at least 10 body systems, including the system related to the problem.

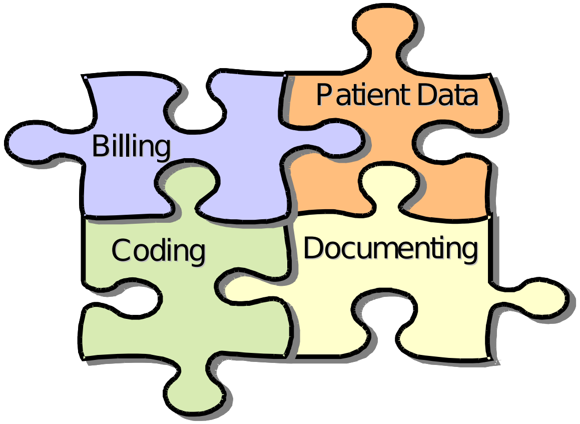
CORE COMPETENCIES

ROS EXAMPLE


Patient Data
Billing
Coding
Documenting

- The patient is seen with nausea and vomiting, urinary frequency, shortness of breath, muscle aches, recent hemoglobin was low, occasional disorientation, no chest pain, or known allergies.
    - Example contains documentation equivalent to a **complete** ROS (10 ROS systems)

CORE COMPETENCIES



ROS EXAMPLE

(Continued)

Gastrointestinal: Nausea and vomiting

Genitourinary: Urinary Frequency

Respiratory: Shortness of Breath

Musculoskeletal: Muscle aches

Constitutional: Fatigue

Neurological: Intermittent lightheadedness

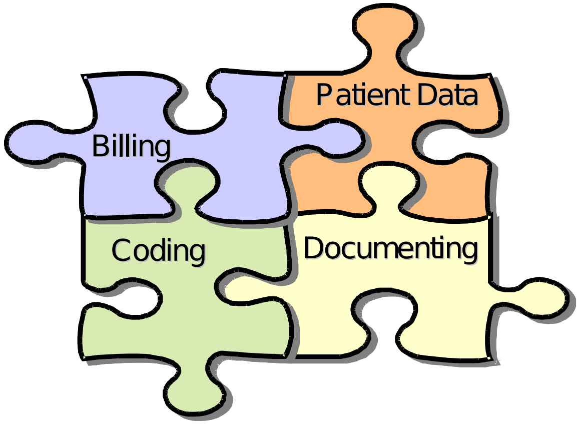
Hematological: Hemoglobin low

Psychiatric: Disorientation

Cardiovascular: No chest pain

Allergy/Immunology: No allergies

PAST, FAMILY, AND/OR SOCIAL HISTORY (PFSH)


Patient Data
Billing
Coding
Documenting

Past, Family, and/or Social History (PFSH)

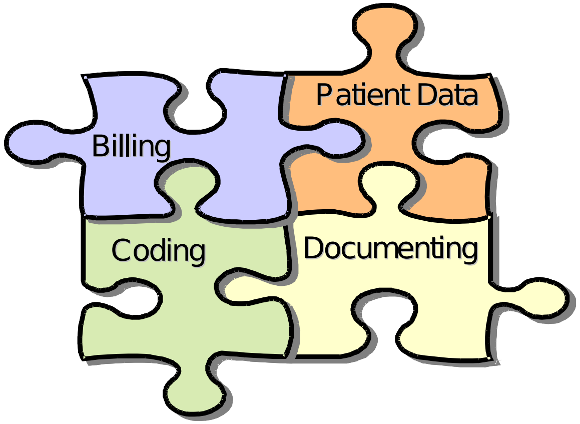
__ Past History

__ Family History

__ Social History

CORE COMPETENCIES

PFSH TYPES



- **Pertinent PFSH**: Documentation of one (1) specific item of any of the three (3) history areas.

- **Complete PFSH**:
  - New Patient requires documentation of one (1) specific item **from each of the three (3)** history areas.
  - Established Patient requires documentation of one (1) specific item **from two (2)** history areas.

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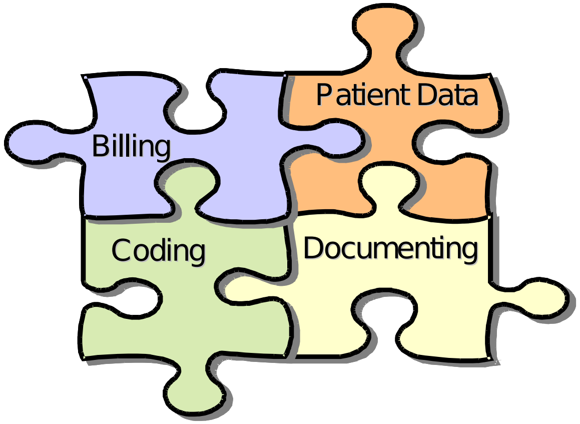
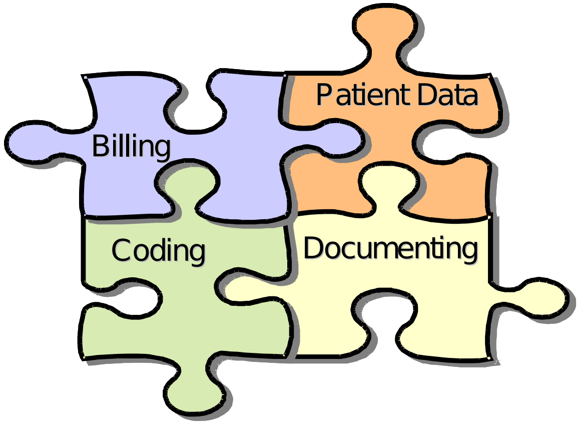
PFSH EXAMPLE


Patient Data
Billing
Coding
Documenting

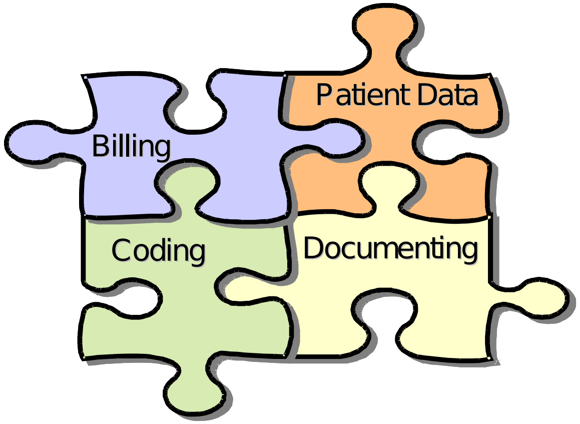
- The patient history includes TIA two (2) months ago. Medication includes aspirin daily. Mother died three (3) years ago following an acute MI. Father is living and in good health.
  - Example contains documentation addressing the **patient's history** and **family history**.


Patient Data
Billing
Coding
Documenting

PFSH TYPE

- The PFSH type would be **complete** for an established patient; and **pertinent** for a new patient or consultation.
  - **Past History**: Patient's illness and treatment
  - **Family History**: Mother and Father's history

TYPES OF HISTORY

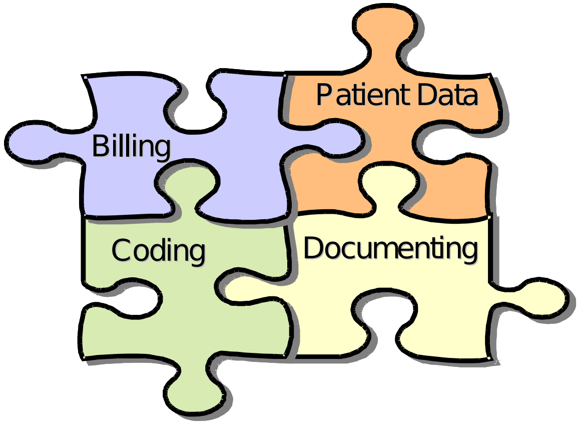

Patient Data
Billing
Coding
Documenting

HPI	ROS	PFSH	TYPE
Brief (1-3)	N/A	N/A	Problem Focused
Brief (1-3)	Problem Pertinent	N/A	Expanded Problem Focused
Extended (4 or >)	Extended	Pertinent	Detailed
Extended (4 or >)	Complete	Complete	Comprehensive

C O R E

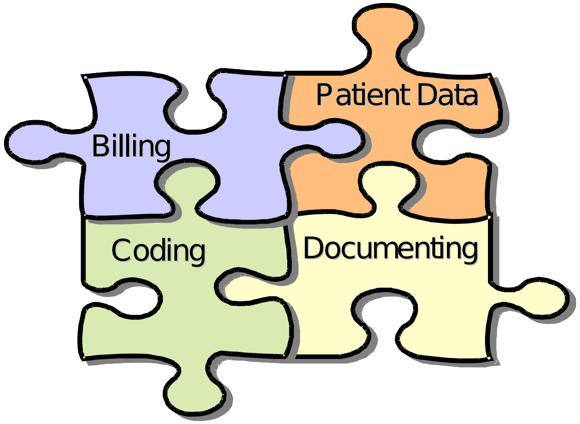
C O M P E T E N C I E S

EXAMINATION


Patient Data
Billing
Coding
Documenting

- **Objective** – Upon completion of the Physical Examination section you will be able to:
  - Identify physical examination single organ systems and body areas
  - Define the types of physical examinations
  - Select the type of exam based on documentation

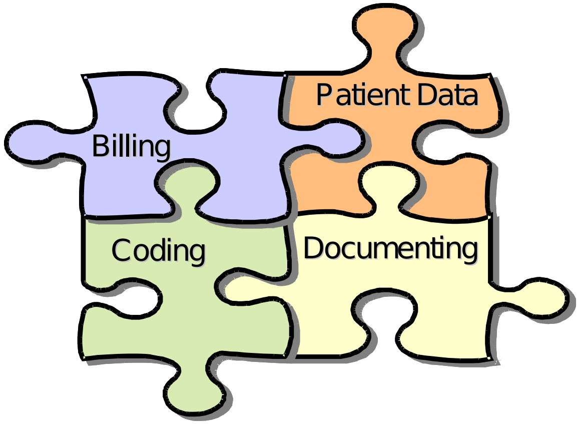
EXAMINATION


Patient Data
Billing
Coding
Documenting

- Physical examination is defined as:
  - an assessment of the body by auscultation, palpation, percussion, and inspection.
- A general multi-system examination
- Eleven (11) single organ system examinations

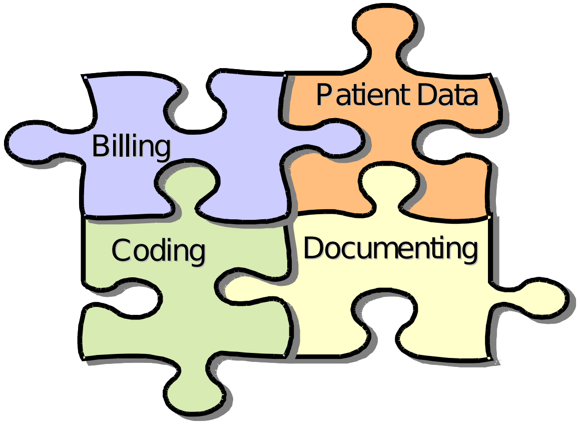
CORE COMPETENCIES

SINGLE ORGAN SYSTEMS


Patient Data
Billing
Coding
Documenting

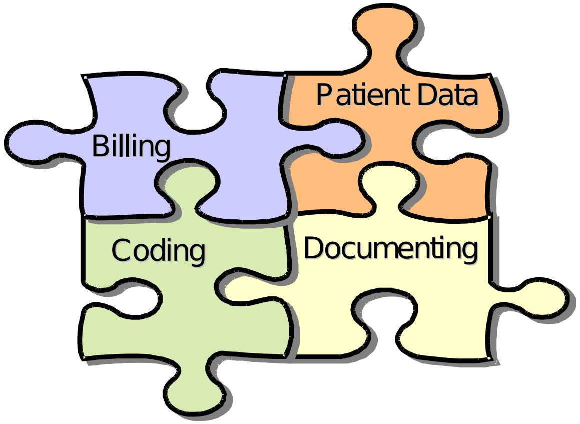
- Cardiovascular
- Ears, Nose, Mouth, and Throat
- Eyes
- Genitourinary (Female)
- Genitourinary (Male)
- Hemotologic/Lymphatic/Immunologic
- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory
- Skin

BODY AREAS


Patient Data
Billing
Coding
Documenting

- Head, including the face
- Neck
- Chest, including breasts and axilla
- Abdomen
- Genitalia, groin, buttocks
- Back
- Extremities

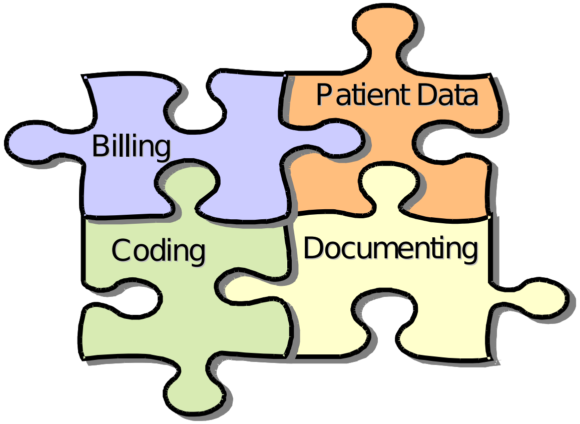
TYPES OF EXAMINATIONS


Patient Data
Billing
Coding
Documenting

- **Problem focused**
- **Expanded problem focused**
- **Detailed**
- **Comprehensive**

CORE COMPETENCIES

PROBLEM FOCUSED EXAM


Patient Data
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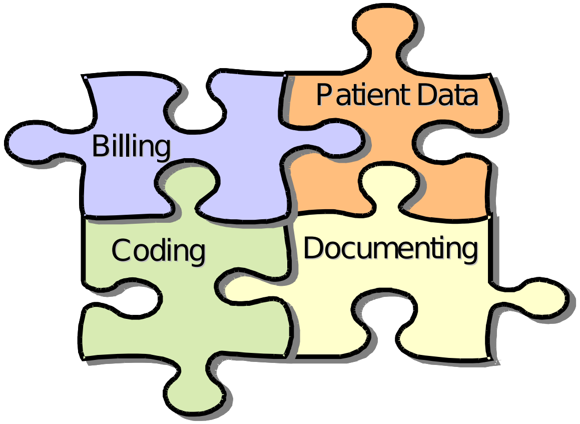
Documenting

- A limited examination of the affected body area or organ system

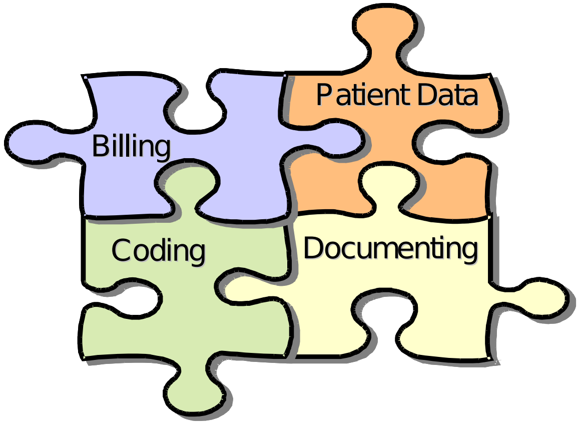
CORE COMPETENCIES

EXPANDED PROBLEM FOCUSED EXAM


Patient Data
Billing
Coding
Documenting

- A limited examination of the affected body area or organ system and other symptomatic or related organ system(s)

CORE COMPETENCIES


Billing
Patient Data
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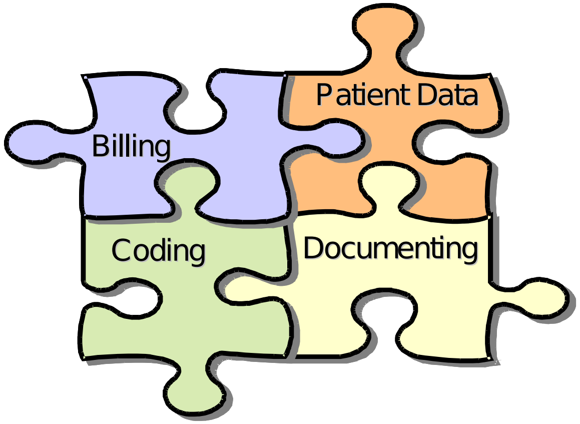
DETAILED EXAM

- An extended examination of the affected body area(s) and other symptomatic or related organ system(s)

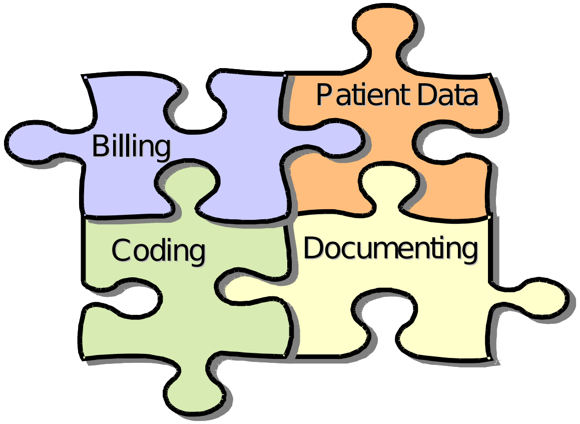
COMPREHENSIVE EXAM


Billing
Patient Data
Coding
Documenting

- A general multi-system examination or complete examination of a single organ system

EXAMINATION

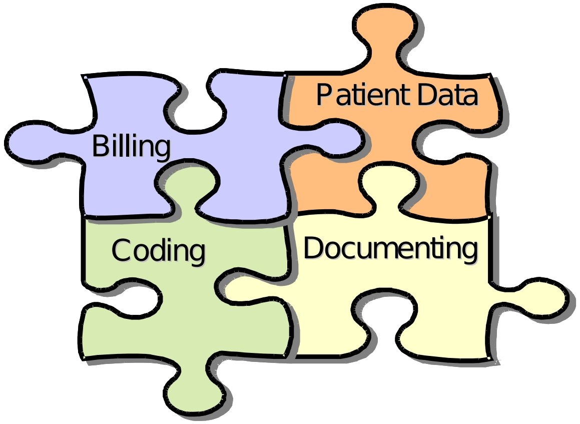
(Documentation Rules)



- Specific abnormal and relevant negative findings of the exam of the *affected* or symptomatic body area(s) or organ system(s) should be documented. **A notation of "abnormal" without elaboration is insufficient.**
- Abnormal or unexpected findings of the exam of any asymptomatic body area(s) or organ systems(s) should be described.
- A brief statement or notation indicating "negative" or "normal" **is sufficient** to document normal findings related to ***unaffected* area(s) or asymptomatic organ system(s).**

CORE COMPETENCIES

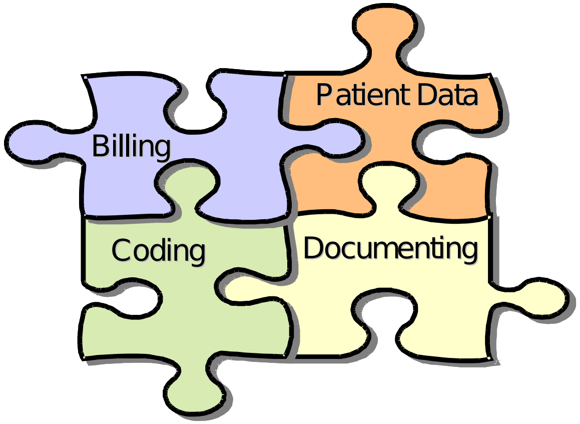
MEDICAL DECISION MAKING


Billing
Patient Data
Coding
Documenting

- **Objective:** Upon completion of the Medical Decision Making (MDM), you will be able to differentiate:
  - The types of MDM:
    - **Straightforward**
    - **Low Complexity**
    - **Moderate Complexity**
    - **High Complexity**

C O R E   C O M P E T E N C I E S

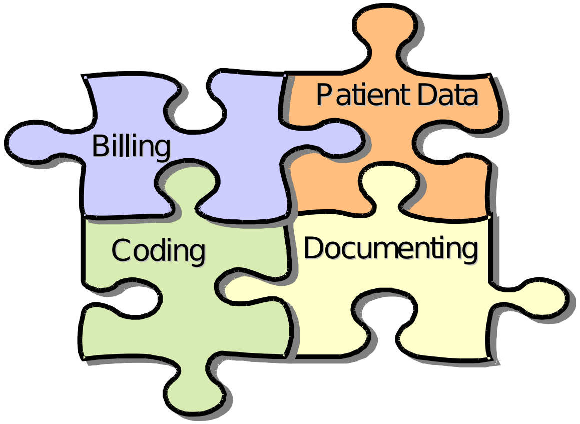
MEDICAL DECISION MAKING


Billing
Patient Data
Coding
Documenting

- Medical Decision Making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

CORE COMPETENCIES

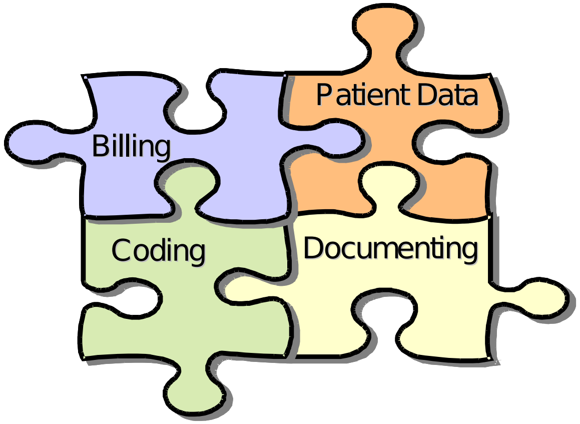
MEDICAL DECISION MAKING



- **The number** of possible diagnoses and/or the number of management options
- **The amount** and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed
- **The risk** of significant complications, morbidity/mortality as well as comorbidities associated with the patient's presenting problem(s), the diagnostic procedure(s) and/or the possible management options

MEDICAL DECISION MAKING

(The Number)

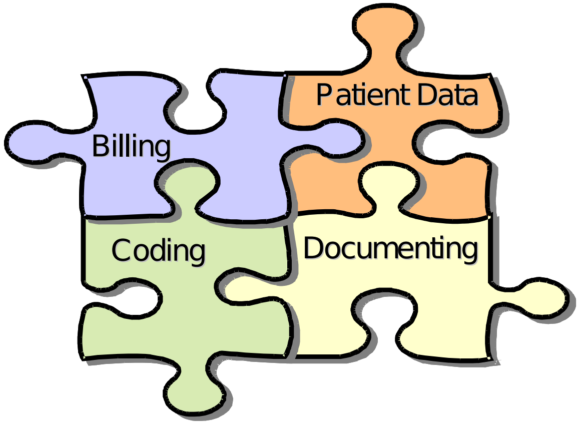


- The number of possible diagnosis and/or management options include:
  - **Minimal:** One self-limited/minor problem
  - **Limited:** Two or > self-limited/minor problem(s), one stable chronic illness or an acute uncomplicated illness/injury
  - **Multiple:** One or > chronic illnesses with mild exacerbation, two or > stable chronic illnesses, undiagnosed new problem (uncertain prognosis), acute illness with systemic symptoms, or acute complicated injury
  - **Extensive:** One or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function, or an abrupt change in neurological status.

CORE COMPETENCIES

MEDICAL DECISION MAKING

(The Amount)

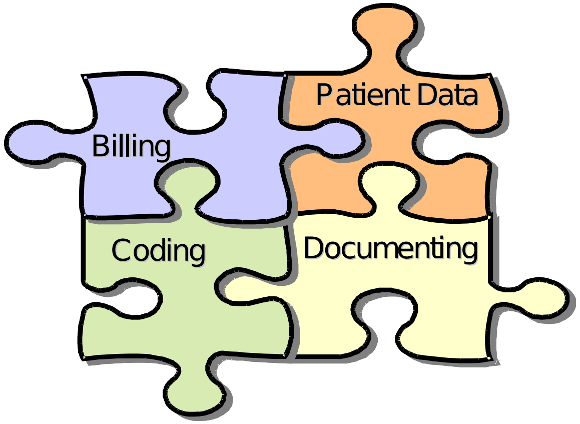


- The amount and/or complexity of data measurements include:
  - **Minimal:** Lab tests requiring venipuncture, chest x-ray, EKG, UA, US (echo) and KOH prep
  - **Limited:** Physiological tests not under stress (PFT), non-cardiovascular imaging, superficial needle biopsies, labs requiring arterial puncture, skin biopsies
  - **Moderate:** Physiological tests under stress (cardiac, fetal contraction), diagnostic endoscopies w/no identified risks, needle or excisional biopsies, cardiovascular imaging, lumbar puncture, thoracentesis
  - **Extensive:** Cardiovascular studies w/contrast, cardiac EPS tests, diagnostic endoscopies w/identified risks, discography

C O R E C O M P E T E N C I E S

MEDICAL DECISION MAKING

(The Risks)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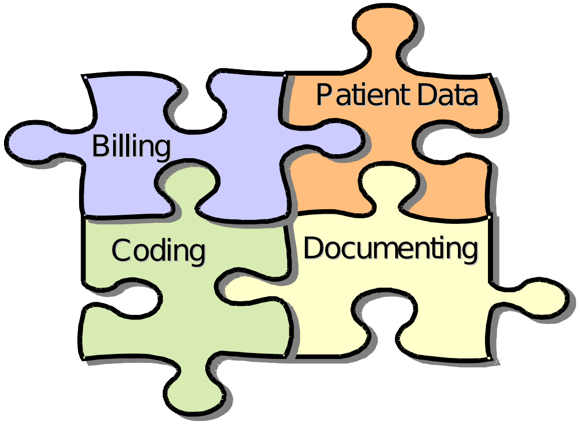
- The level of risk options includes:
  - **Minimal**
  - **Low**
  - **Moderate**
  - **High**

CORE COMPETENCIES

MDM – TABLE OF RISK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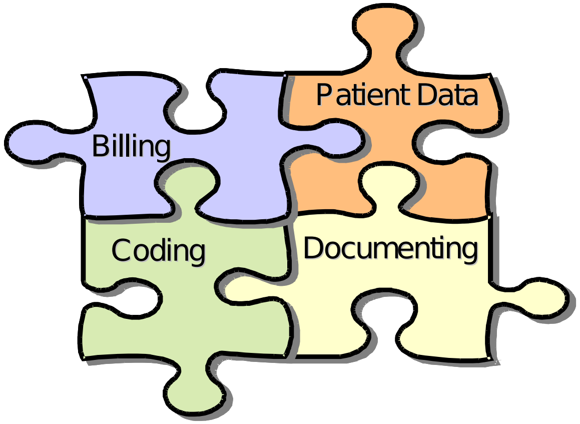
Presenting Problem	Diagnostic Procedures Ordered	Management Options Selected	Level of Risk
Minimal	Minimal	*Minimal*	Minimal
Limited	*Limited*	Limited	*Low*
Multiple	Moderate	Multiple	Moderate
Extensive	Extensive	Extensive	High

CORE COMPETENCIES

MEDICAL DECISION MAKING TYPES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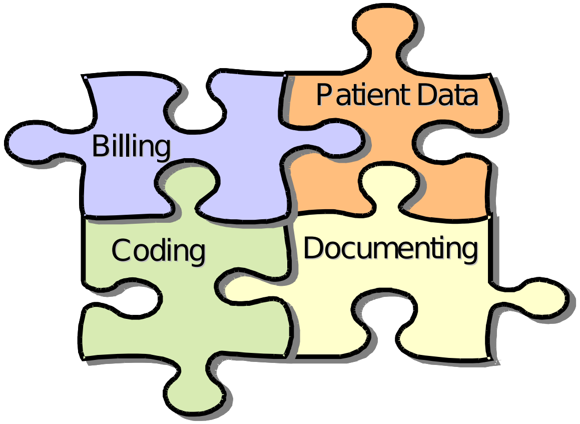
- Four (4) types of MDM:
  - **Straightforward**
  - **Low Complexity**
  - **Moderate Complexity**
  - **High Complexity**

CORE COMPETENCIES

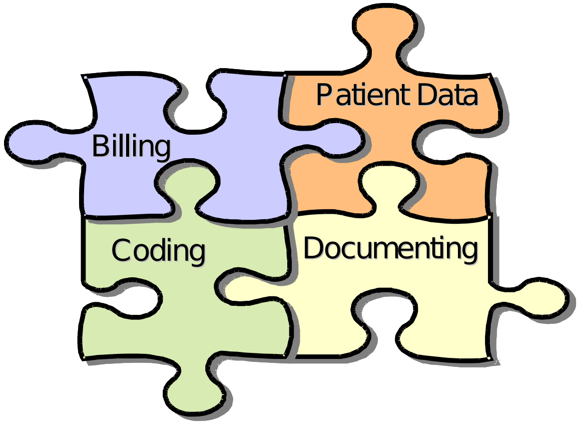
CHOOSING TYPE OF MDM



Number of DX/ Mngmt Options	**Amount/Complexity of Data Reviewed**	**Risk of Complications**	**Type of Decision Making**
Minimal	Minimal or None	Minimal	Straightforward
Limited	Limited	Low	Low Complexity
Multiple	*Moderate*	*Moderate*	*Moderate Complexity*
Extensive	Extensive	High	High Complexity

CORE COMPETENCIES

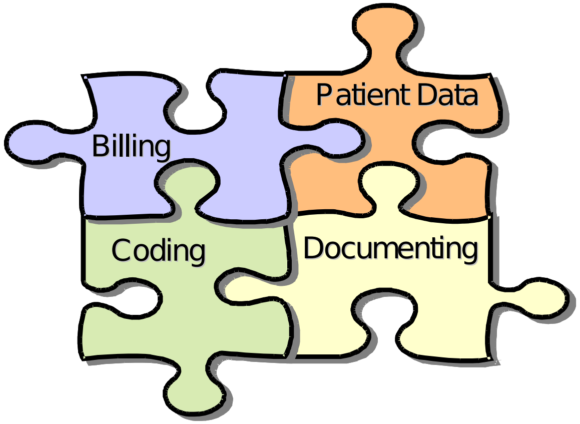
CODING SCENARIO


Billing
Patient Data
Coding
Documenting

- Using the handout provided, please use the three (3) Key Components of the E/M to code the scenario:
  - History – Detailed
  - Examination – Problem Focused
  - MDM – Straightforward
- 99201

CORE COMPETENCIES

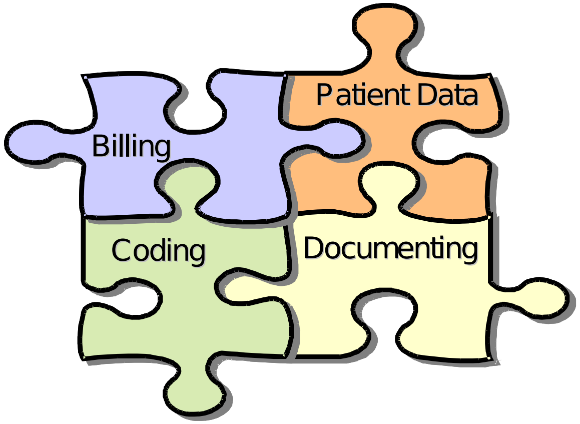
SUMMARY



- In this session we examined the methodology of the multifaceted rules of the coding process, and provided the tools, to determine:
  - History
  - Exam
  - Medical Decision Making

- By understanding the coding process, it is clear that adequate medical record documentation is needed to accurately select an E/M code.

CORE COMPETENCIES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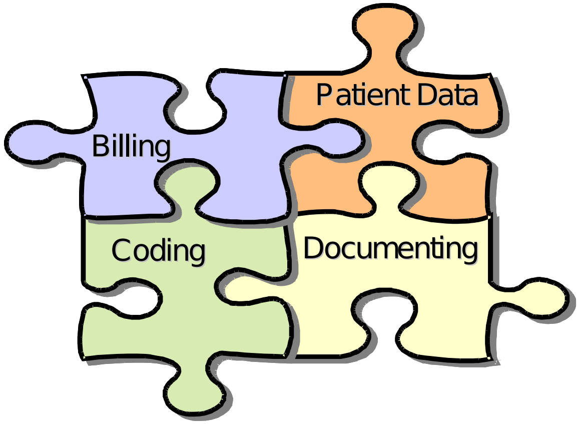
Documenting

THE END

THANK YOU

CORE COMPETENCIES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Documenting

Billing and Coding – Working Together – Tips from the Civilian Sector

Lorrie Borchert, MA, CPC

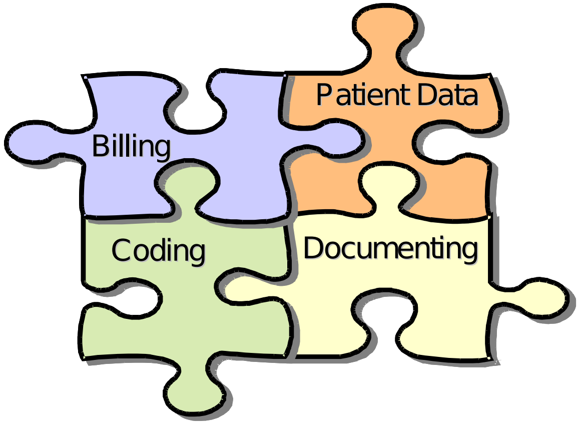
May 17, 2005

Track 3 – UBO Basic

1300-1400

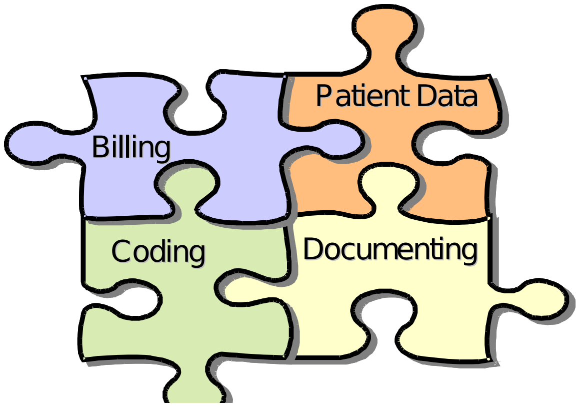
CORE COMPETENCIES

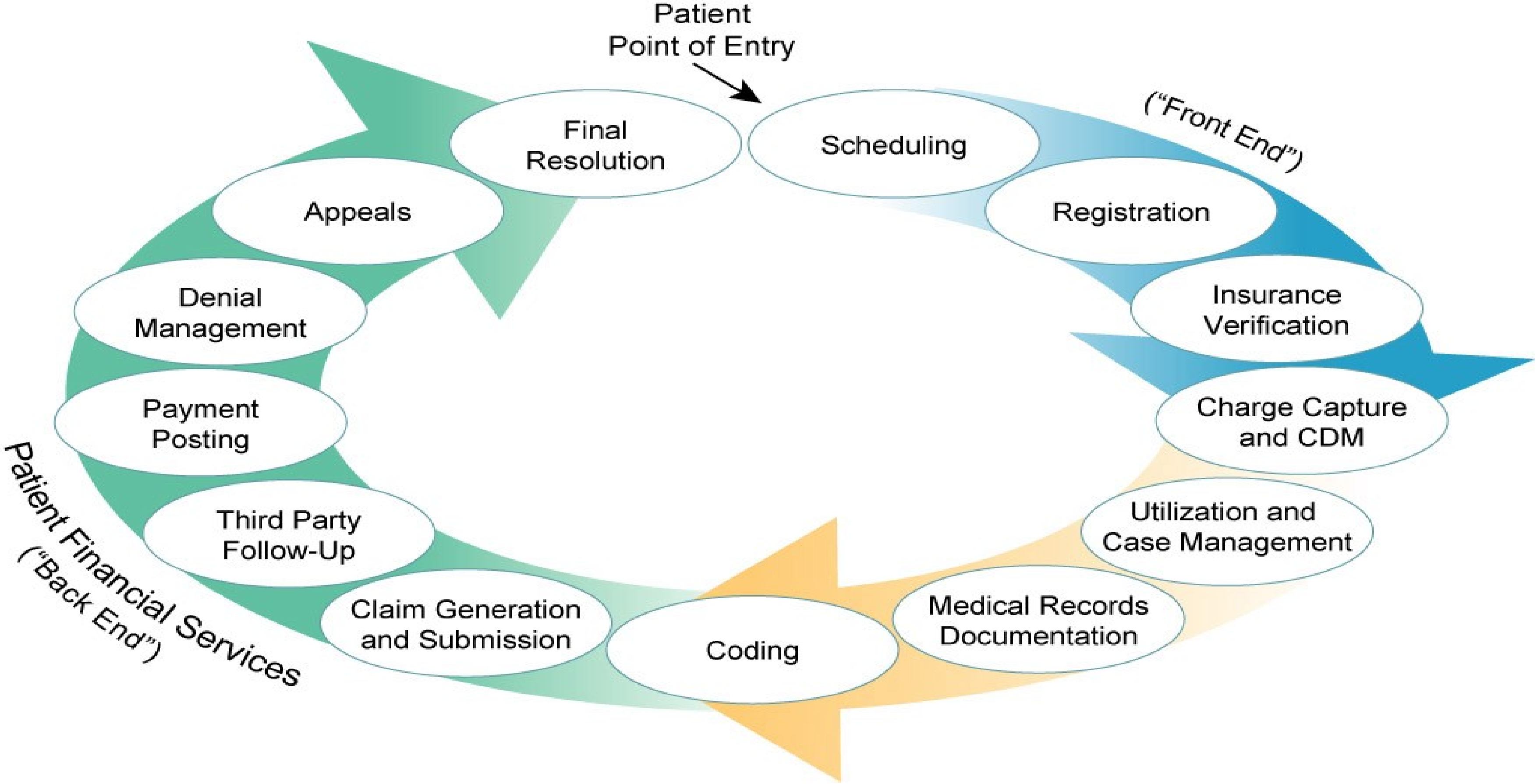
Objectives of this Session:



- Understanding the civilian revenue cycle model
- Linking the functional areas of coding and billing
- Breaking down communication silo’s
- Auditing the results – coding and billing audits
- Root Cause Analysis from denials
- Best Practice tips from the civilian sector

The Civilian Model for Revenue Cycle Management





Patient Point of Entry

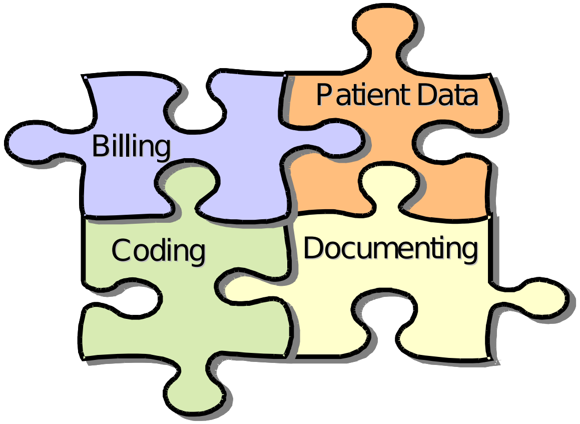
("Front End")

- Scheduling
- Registration
- Insurance Verification
- Charge Capture and CDM
- Utilization and Case Management
- Medical Records Documentation
- Coding
- Claim Generation and Submission
- Third Party Follow-Up
- Payment Posting
- Denial Management
- Appeals
- Final Resolution

Patient Financial Services ("Back End")

Unified Biostatistical Utility/Uniform Business Office Conference 2005

CORE COMPETENCIES

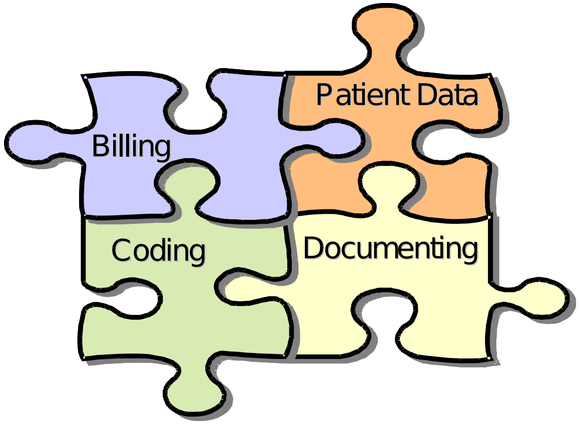


Scheduling

- In the civilian sector pre-scheduling is utilized for clinic visits and ambulatory surgery procedures.
- The advantage of pre-scheduling is that the insurance information is obtained and verified prior to the patient presenting for service.
- The facility knows in advance they will be paid for these services.

CORE COMPETENCIES

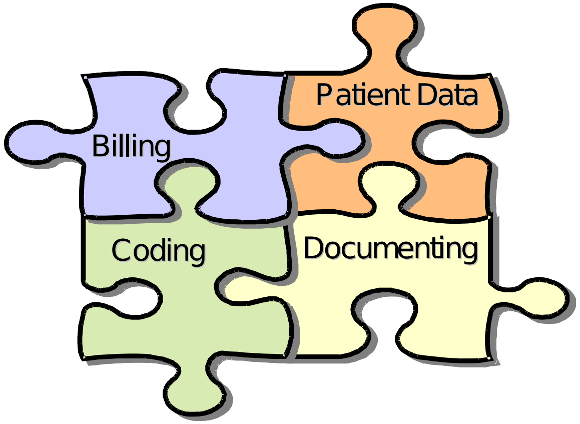
Registration


Patient Data
Billing
Coding
Documenting

- Many facility’s have central registration and all patients present here for registration.
- However, more facility’s are using a decentralized model where the patient can go directly to the lab or x-ray and they will be registered there.

CORE COMPETENCIES

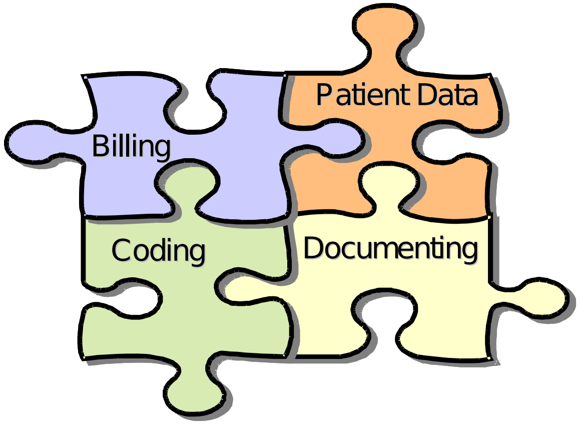
Registration



- In the civilian sector we know that the most crucial part of the Revenue Cycle begins with Registration.
- More denials come from errors in this area than in any other.
- Collection of correct demographics and insurance information is crucial to getting the claim to the correct payer.

CORE COMPETENCIES

Registration


Patient Data
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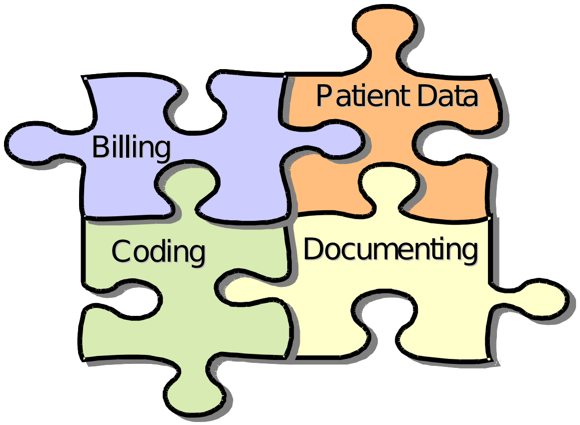
- Registrars are taught that they need to ask pertinent questions at every visit to get the correct and timely insurance information.
- Questions such as: “do you still live at your old address?” or “nothing’s changed, right?” do not yield correct information for the claim form.

CORE COMPETENCIES

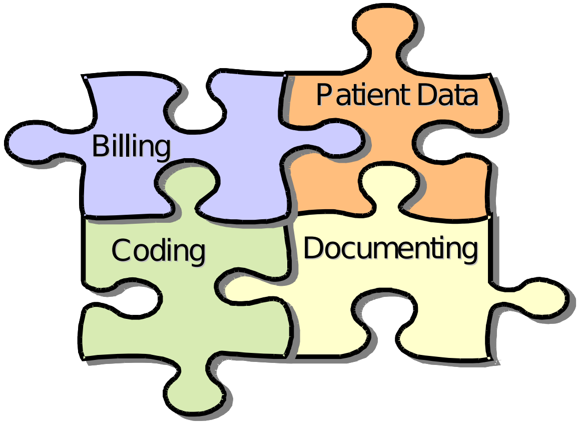


Insurance Verification

- In the civilian sector this job may be done by registration staff or billing staff.
- They call or use online verification provided by the payer that the eligibility information, subscriber information is correct and that the insurance is in force on the day of the service.

CORE COMPETENCIES

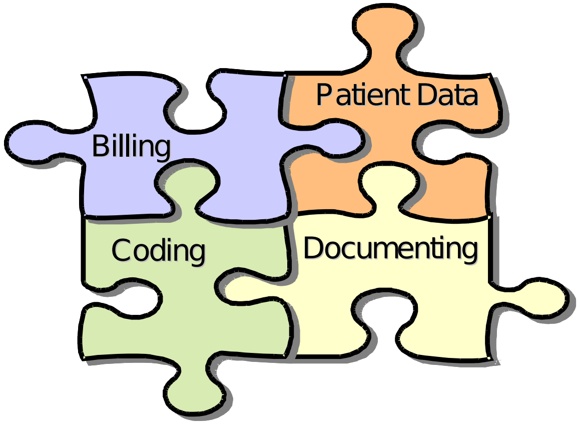
Insurance Verification, Authorizations and Pre- Certification



- When a patient is going to be admitted, the registration staff will call and get an authorization number for the inpatient stay.
- Usually they will be told that the insurance company will authorize for “x amount” of days.
- Note – the utilization nurse or case manager follows up with the insurance company should the patient need more days than were authorized.

CORE COMPETENCIES

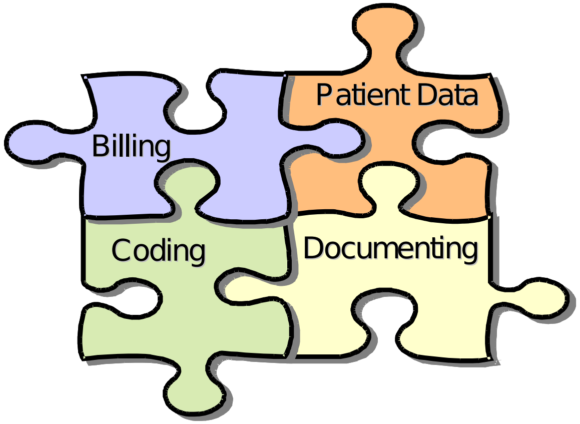
Charge Capture and Charge Master



- The civilian sector patient accounting systems have a behind the scene’s chargemaster – an inventory of where services and supplies, cpt codes, descriptions, revenue codes and charges are stored.
- The chargemaster links the cpt codes on the claim form with the charge.

CORE COMPETENCIES

Charge Capture and Charge Master


Patient Data
Billing
Coding
Documenting

- CMS introduced outpatient prospective payment system for ER, Clinic, Ambulatory Surgery, Radiology services in August, 2000.
- The final rule stressed: claims must reflect the revenue code where the service took place.

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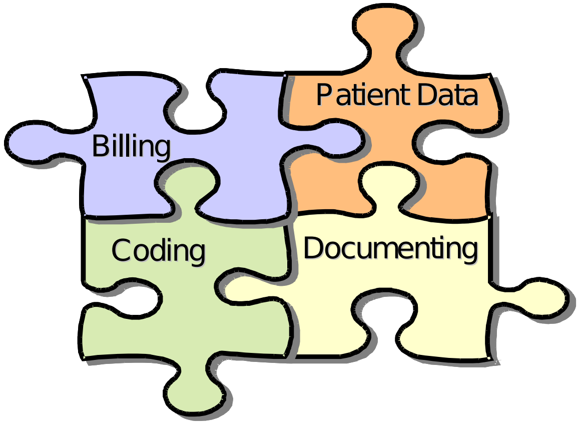
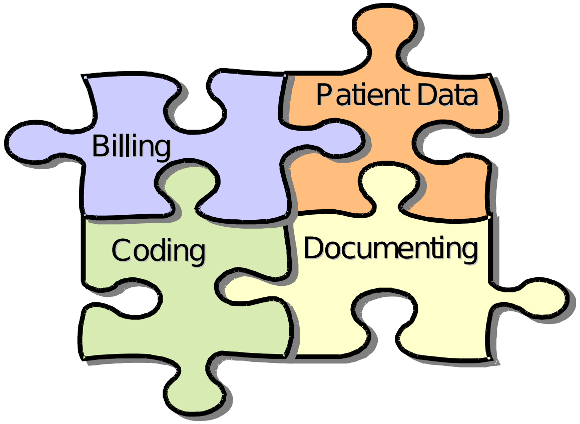
Charge Capture and Charge Master



- Many civilian hospitals who are not yet using an electronic medical record utilize superbills (encounter forms) for capturing the procedure codes and diagnosis codes.
- The provider checks off the services performed and then it goes to the coder to link the correct diagnosis code for the visit.

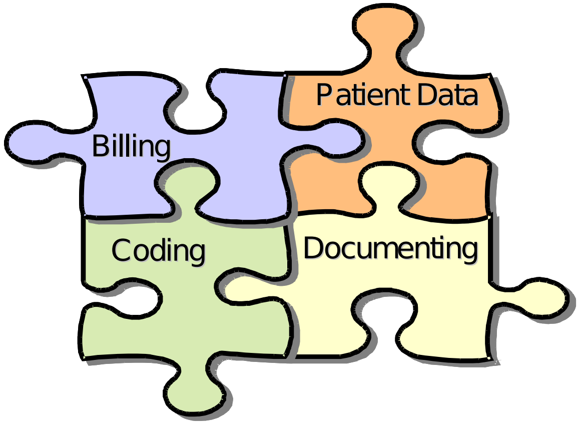
Utilization and Case Management



- As mentioned earlier, utilization and case management is responsible for managing the utilization of the inpatient population.
- These UR nurses will interact with the third-party nurses for the insurance company and they relay the clinical information about the patient for additional days.

CORE COMPETENCIES

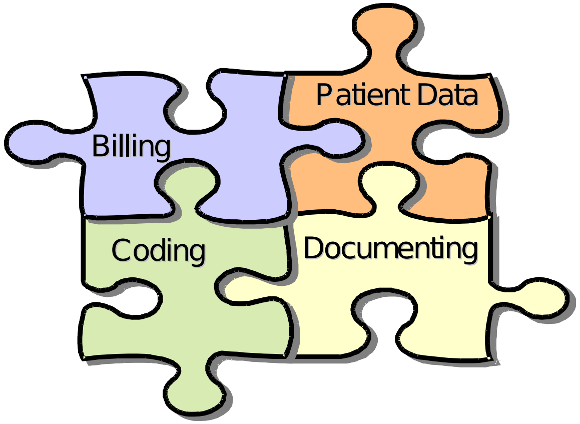
Utilization Review and Case Management


Patient Data
Billing
Coding
Documenting

- Many times the UR and Case Management nurses are also involved in adjudicating appeals with the insurance payers.

CORE COMPETENCIES

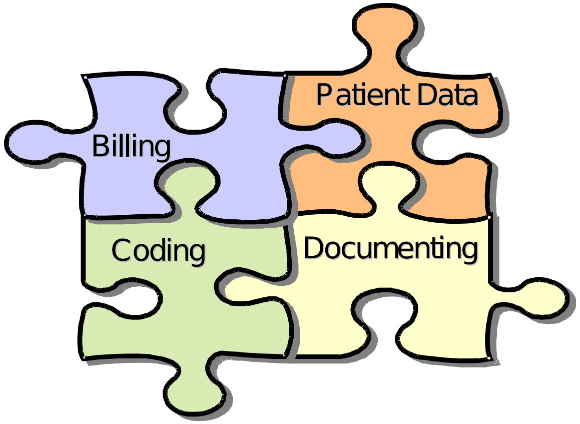
Medical Record Documentation


Billing
Patient Data
Coding
Documenting

- Providers are responsible for documenting legibly and timely in the medical record.
- The Balanced Budget Act of 1997 required that providers must document the Evaluation and Management levels for the patient visit.

CORE COMPETENCIES

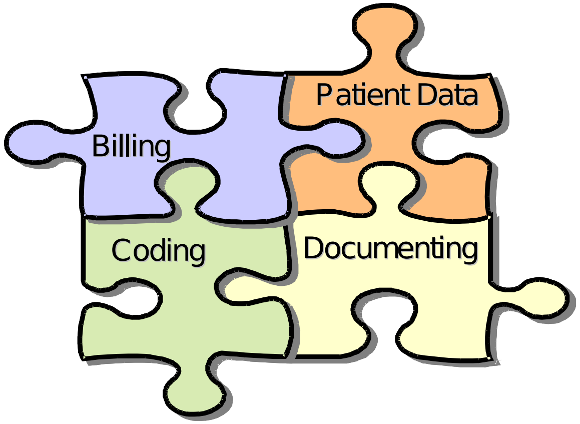
What is Good Documentation?


Patient Data
Billing
Coding
Documenting

- What is “good” documentation?
- It begins with an up-to-date encounter form
- Understanding of ’95/97 E/M guidelines
- Documenting exactly “what was done”
- Linking codes appropriately

CORE COMPETENCIES

Medical Documentation Who Appends the Code?

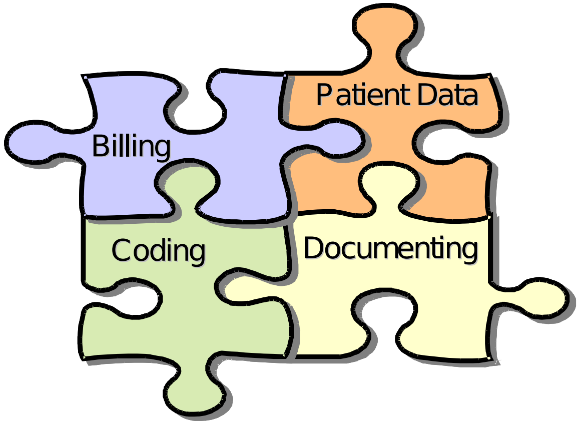


- The Balanced Budget Act of 1997, Sec. 4317 Requirement to Furnish Diagnostic Information states:

(4) In the case of an item or service…ordered by a physician or a practitioner…if the Secretary requires the entity furnishing the item or service to provide diagnostic or other medical information in order for payment to be made to the entity, the physician or practitioner SHALL PROVIDE that information to the entity AT THE TIME that the item or service is ordered by the physician or practitioner.

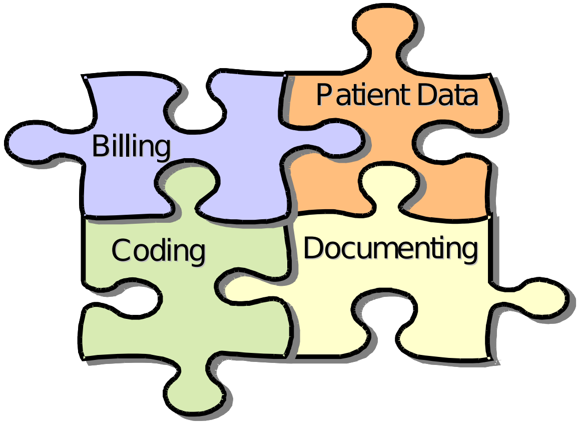
CORE COMPETENCIES

Coding



- ICD-9 coding allows the practitioner to tell in code format what the clinical diagnosis was after examination
- The diagnosis fits onto the billing form and tells the story of the illness
- The procedure code lists what services were done for the patient
- They come from the CPT book

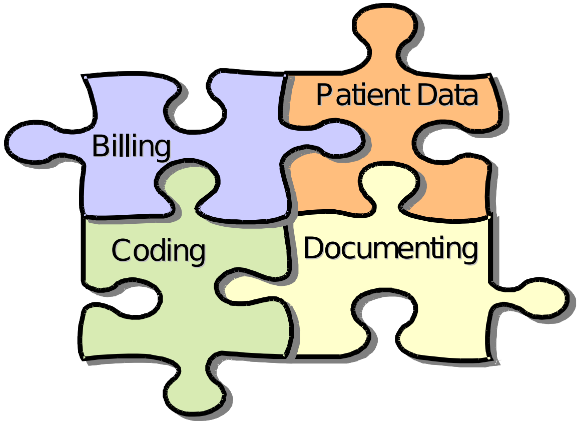
Coding


Billing
Patient Data
Coding
Documenting

- Incorrect coding was last year’s third highest error category for Medicare
- Totaled: $1.7 billion in losses!!

CORE COMPETENCIES

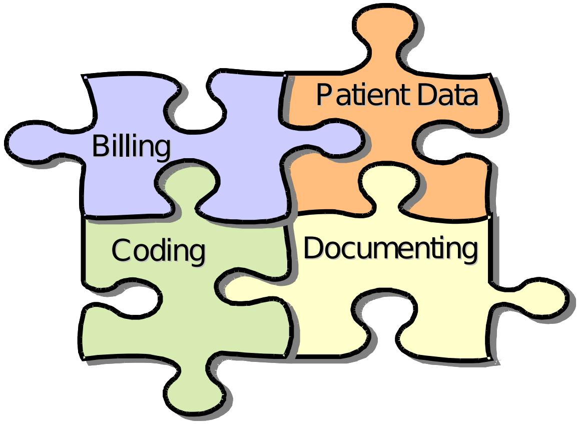
Claim Generation and Submission



- Institutional Claims are sent using a UB-92
- Professional Claims for the physicians are sent using a CMS 1500
- Most civilian facility's are still grappling with the HIPAA electronic code sets
- In some cases, this has been difficult due to individual payer implementation guides and inability to transmit or accept electronic claims from the third-party payer.

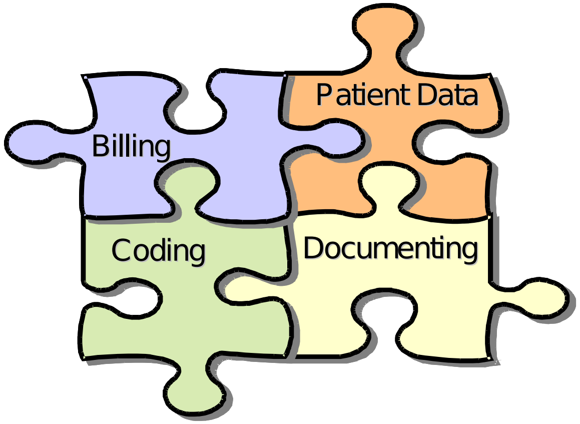
CORE COMPETENCIES

Claim Generation and Reimbursement



- Civilian facility’s are paid utilizing a variety of reimbursement methods:
- Inpatient’s are paid on DRG’s
- Outpatient visits are paid on APC’s
- Some services such as lab and PT are paid from a fee schedule
- Physician services are paid from the Physician Fee Schedule

Third-Party Follow Up


Patient Data
Billing
Coding
Documenting

- An old saying in the civilian world regarding third-party follow up is:
- “Billing is only 1/3 of the effort expended to get a claim paid…..2/3’s effort is needed in the follow up of the claim!!”

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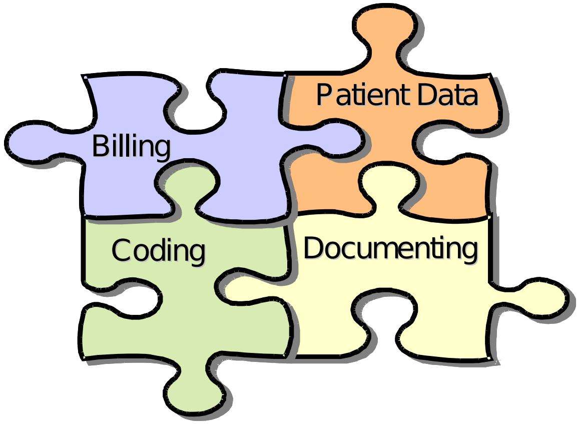
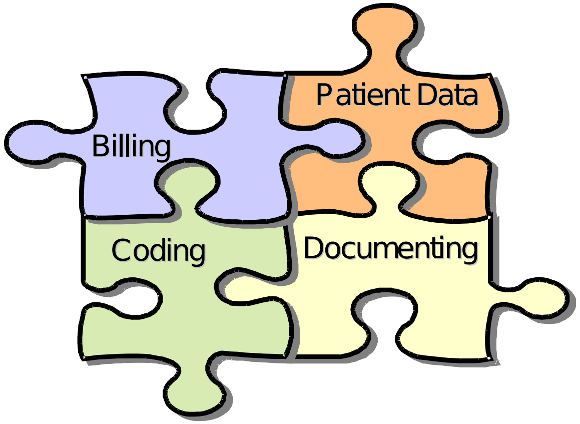
Third-Party Follow up



- Some civilian patient accounting systems have an automated system for generating work lists for billers.
- Other facility’s rely on an excel spreadsheet – and use the filter to sort by: payer; timely filing limits; claim amount.
- Example – work the oldest, largest claims first to bring in cash from third-party payers.

CORE COMPETENCIES

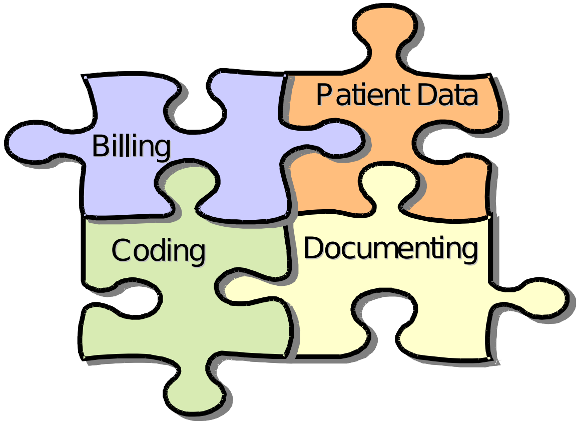

Patient Data
Billing
Coding
Documenting

Payment Posting

- Many facility's still post payments and the contractual (write-off) portion of the claim into the patient accounting system.
- Some hospitals are able to receive electronic payments which speed the process.

CORE COMPETENCIES

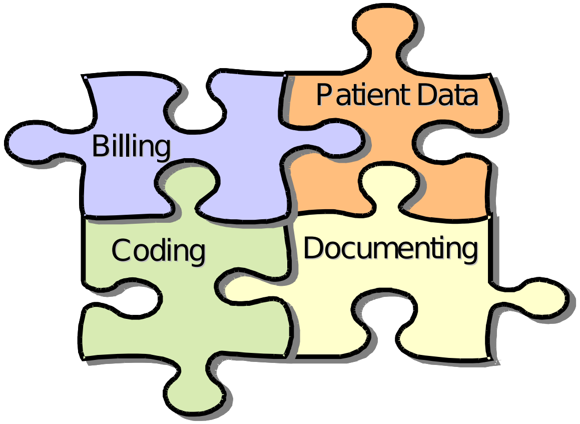
Denial Management



- This is a common civilian trend – where a hospital gathers staff from all sectors of the Revenue Cycle to discuss the denials and underpayments being received from the third-party payers.
- The denials are categorized by department – such as: which denials are related to the registration process?

CORE COMPETENCIES

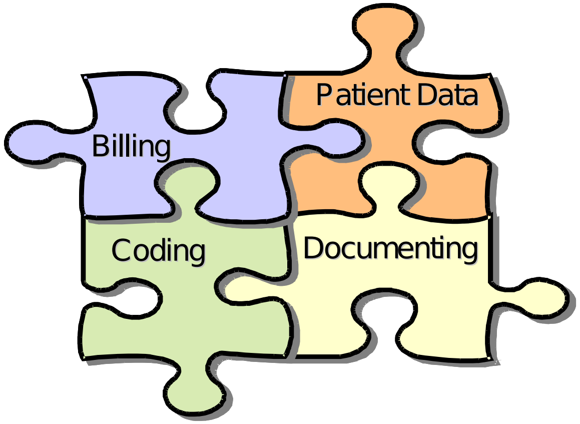
Denial Management



- The committee may decide to do what is called “root cause analysis” – they review all the denials to see what they have in common; perform interviews with registration staff; review screens in the system and decide
- How can we rework this process to prevent these particular denials in the future?

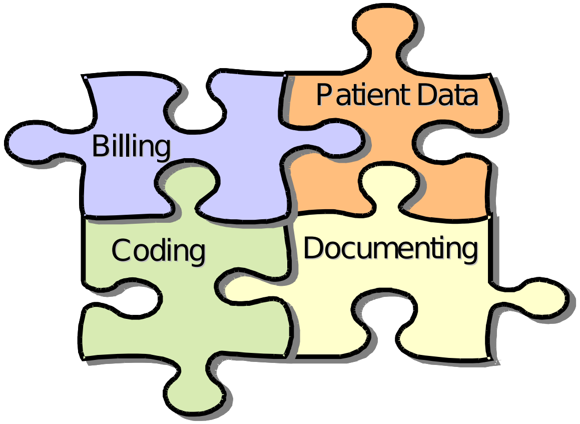
CORE COMPETENCIES

Appeals



- Billers and UR or Case Management is usually involved in the appeals process.
- The requires documenting why the facility feels that a claim should be paid. They gather medical record information and the nurse usually writes a clinical letter stating why she believes the claim should be paid.

CORE COMPETENCIES


Patient Data
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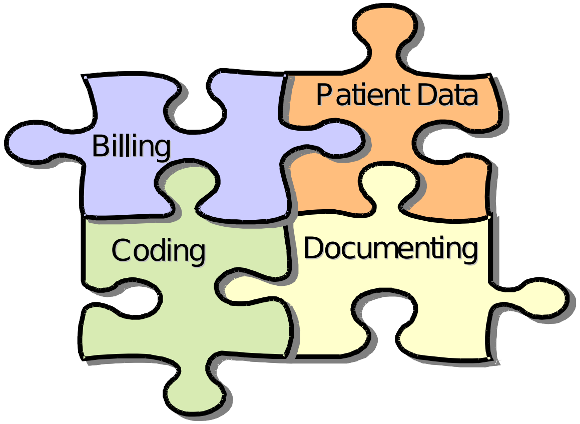
Appeals

- Insurance companies utilize standards such as Interqual and Milliman & Roberts (M&R).
- UR Nurses are taught the standards so they can utilize these elements in their appeal process.

CORE COMPETENCIES

Final Resolution



- This is when the claim is adjudicated down to a zero and is closed.
- Many times claims remain open when they should be closed – thus inflating the Accounts Receivable Balance.
- Credit Balances should be reviewed and Medicare has a report that must be filled out in a timely fashion and the money returned.

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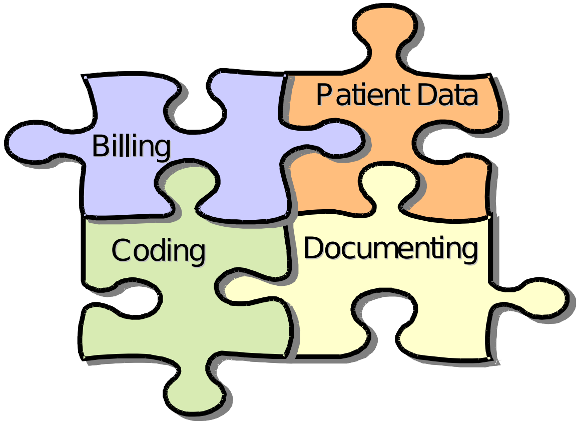
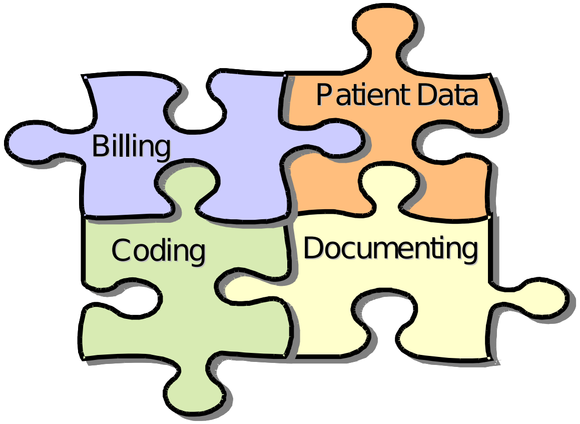
Billing and Coding Working Together



- After reviewing the typical civilian revenue cycle, although each area has it's own bubble – it is important for the departments to communicate and work together to get the claims submitted, paid and where necessary, appealed and paid.
- The denial management committee's have brought these departments together to make sure they are being paid appropriately for the services they rendered.

CORE COMPETENCIES

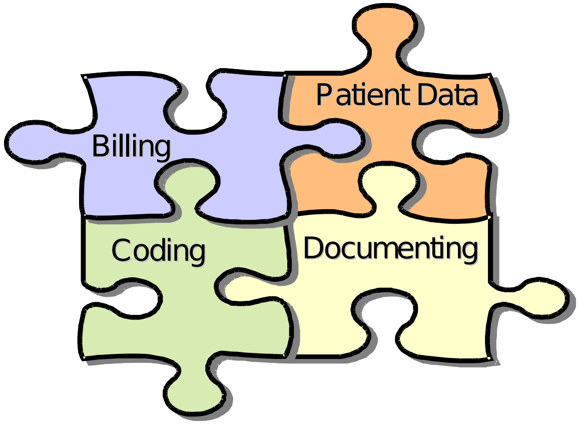
Billing and Coding Working Together



- Coders have had to learn the basics of reimbursement and billers have had to learn the basics of coding
- Examples – a biller is given a V-code as a primary code and knows if she submits it, the facility won’t be paid.
- She must then work with a coder/provider to review the medical record for an appropriate diagnosis code.

CORE COMPETENCIES

Billing and Coding Working Together


Billing
Patient Data
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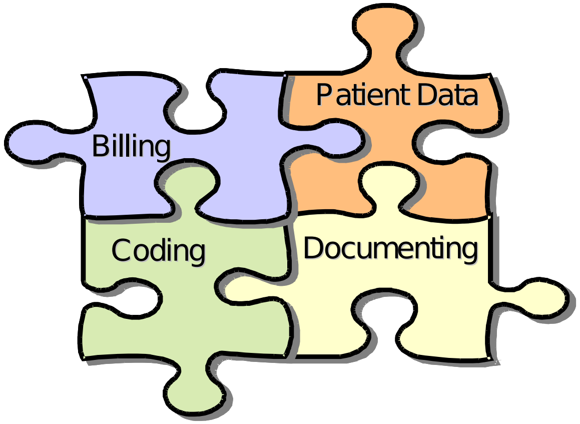
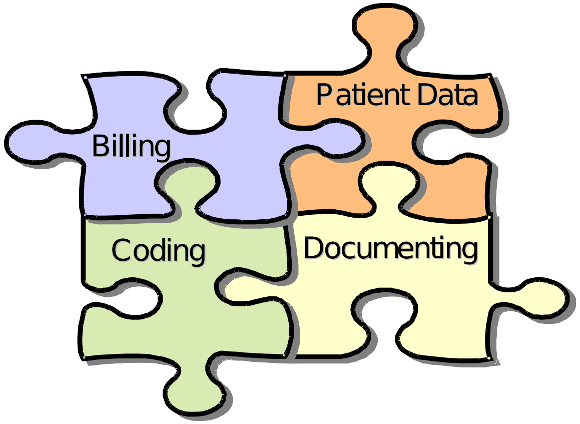
- Everyone needs feedback…..if we don’t get feedback we think that what we’re doing is GREAT!
- Even though we may be getting denied!
- Feedback is crucial between billing and coding so that process and system issues can be addressed and fixed.

Billing and Coding Working Together



- Coding and Billing Audits –
- Corporate Compliance has had a huge impact in the civilian sector, especially with huge fines and court cases.
- Internal controls have also been under scrutiny since Enron and other companies who have committed fraud and kept separate sets of books.

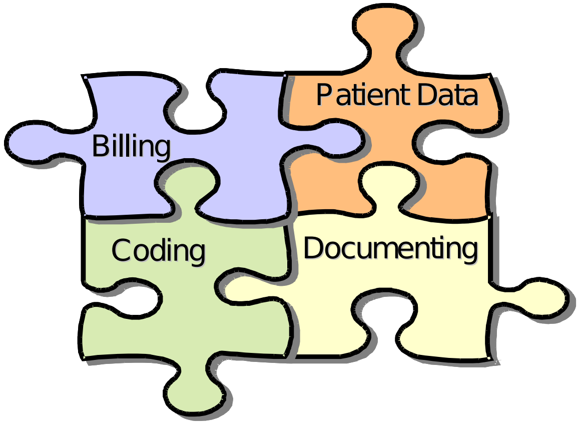
Billing and Coding Compliance



- Another area where billers and coders have to work together is in the area of documentation and compliance.
- Even though a biller may know that the diagnosis code (let’s use that V code) won’t be reimbursed, corporate compliance guidance states that the biller may not change the code to one that is billable.

CORE COMPETENCIES

Billing and Coding Compliance


Patient Data
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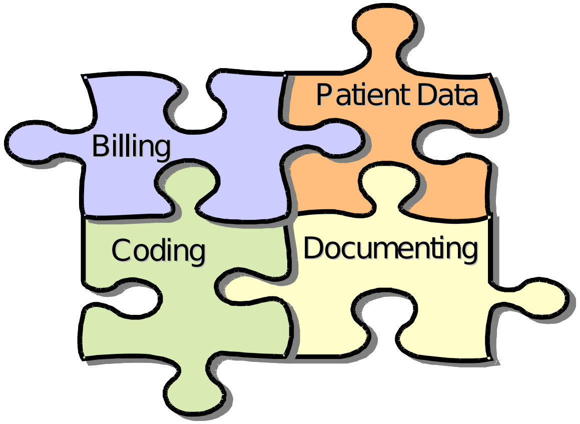
Documenting

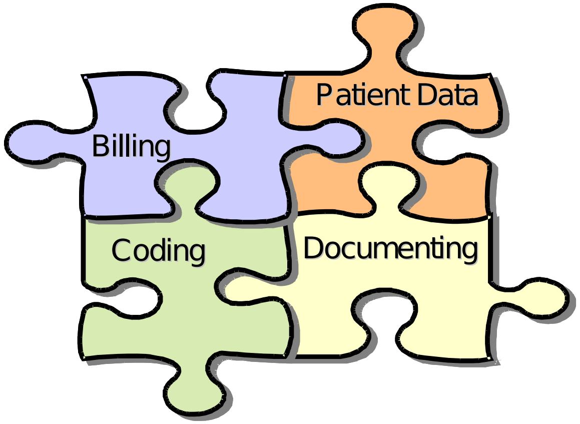
- The OIG Hospital Guidance states that there are 7 common elements in a corporate compliance plan.
- An important element is education and training for coding and billing with regard to documentation.

Billing and Coding Compliance



- When the provider chooses an E/M code level that is higher than he/she has adequate documentation to substantiate – this is referred to as upcoding.
- When a coder or biller sees a pattern of bills going out to third-party payers with 99205 and 99215 and 99285 for a particular physician – there may be a problem!

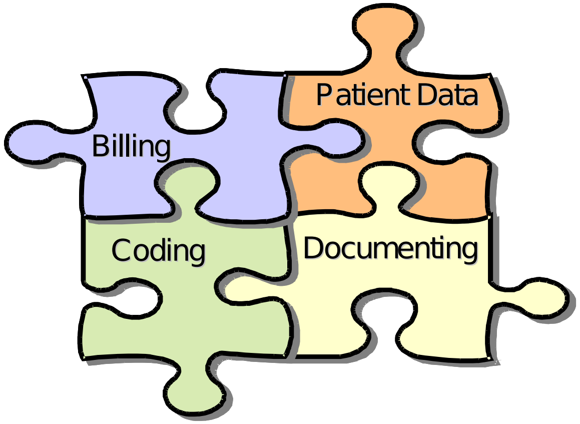
Coding and Billing Compliance



- This is when an internal corporate compliance plan comes in handy.
- The biller/coder can report this issue to the Compliance Officer who must investigate by doing an internal audit.
- The physician can be trained in E/M coding and then be re-audited for compliant behavior.

CORE COMPETENCIES

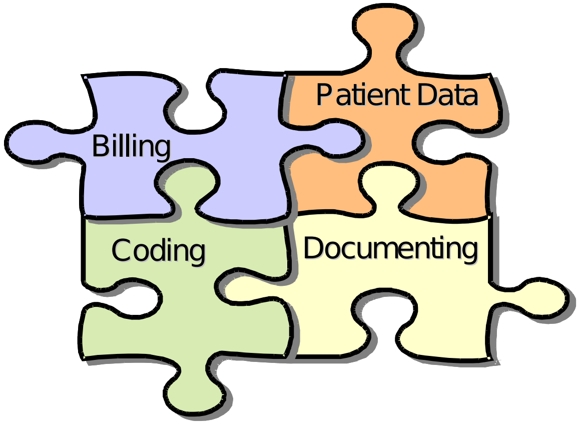
Tips from the Civilian World



- Staff who have a broad overview of the segments of the Revenue Cycle and who get to work together to resolve issues feel like they are part of the solution.
- Conveying an attitude such as: “Do it right the first time because you may not have time to redo it” is crucial to good data and timely payment. This works in the manufacturing sector.

CORE COMPETENCIES

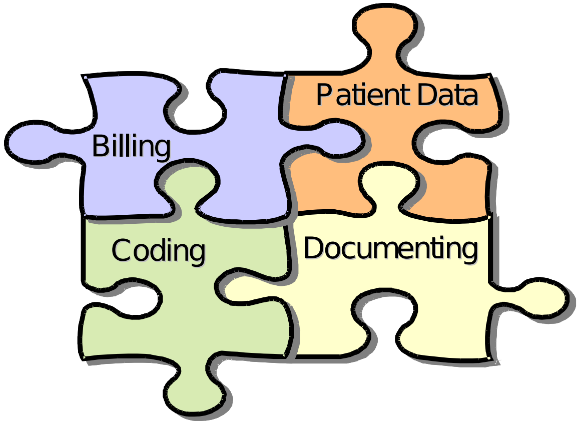
Tips from the Civilian World



- Give staff the knowledge and tools they need to become empowered.
- Understand that the training they receive needs to be ongoing since there is turnover of staff.
- Stay up-to-date on payer rules and use the internet as frequently as possible – payer manuals are located online, as well as Program Memorandums, etc.

CORE COMPETENCIES

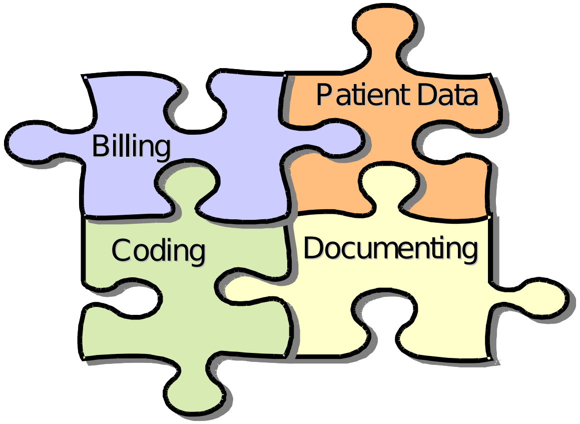
Tips from the Civilian World



- Codes change – this means new coding books for staff that use them as well as updating the charge master description master.
- Working on lowering the Aged Trial Balance, Days in Receivables Outstanding and Bad Debt Reports are all priorities in the Civilian Sector.

CORE COMPETENCIES

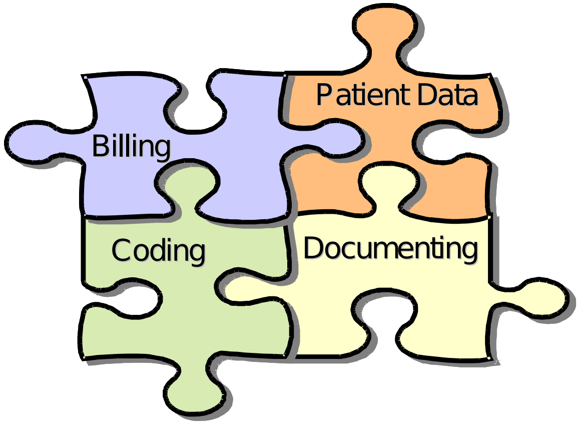
In Summary



- The Military Health System (all three services) are striving for best practice solutions in their billing and coding functions.
- There are lessons learned from the civilian sector that should be shared and taken into consideration.
- The combination of systems and operations are the tools for a best practice environment.

CORE COMPETENCIES

Discussion on How We Can Work Together


Patient Data
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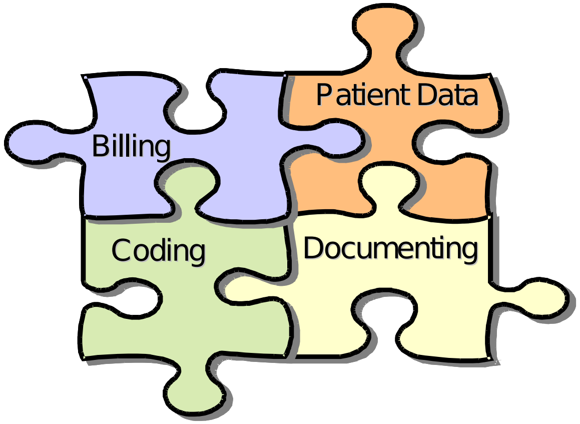
- Let’s take a few minutes to share on some positive examples of how your departments work together in the MHS….

CORE COMPETENCIES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Thank you for your kind attention! Any questions??